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County Borough of Darlington

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1958

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

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ANNUAL REPORT, 1958

TO THE CHAIRMAN AND MEMBERS
OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1958, being my tenth since I became your Medical Officer.

During the year no outstanding events occurred to which particular comment needs to be directed in this introductory letter. The birth-rate was 16.1 per 1,000 and the death-rate 12.3 per 1,000, while the natural increase of population was 323, though this still continued to show slight decline owing to excess of outward emigration over immigration and natural increase. As I have remarked in previous Reports, when alluding to this phenomenon, there is no local reason why it should happen as the industries in Darlington remain in a flourishing condition and the threatened regression at North Road Shops consequent upon the changeover from steam to diesel and electric power on the railways has not yet become operative. It may be that the town grew abnormally fast in population during the immediate post-war years and that the later decline represents a return to a more natural rate of growth.

As has been my wont on certain previous occasions, I should like to direct attention in this introductory letter to some domestic matters in the Health Department itself, of which you should not lose sight. In the first place, the premises remained as in previous years. During the summer of 1958 the Architect's Department spent a good deal of time on the roof of the school clinic buildings and as a result of their ministrations the premises are now fairly water-tight. The same cannot, unfortunately, be said of the Health Department itself, which still shows all those defects which render a house unfit for human habitation. As one of the members of the Council remarked when I was describing the situation, you would not expect industrial workers to tolerate such conditions. The question of alternative accommodation was discussed during the year, but no conclusion was reached for an immediate change. Fortunately a little more hope was to be discerned in the direction of new municipal buildings and I am very glad to know that the wing facing Feethams which will house the Health Department is the part of the building on which work will first be started. There is a possibility, I am told, that this section might be fit for occupation at the end of some five years and as

this is a very short time on the scale of Darlington municipal history your personnel will try to make do with things as they are for a further period, trusting that no equinoctial gale or other force of nature does not lead to premature demolition.

More important than bricks and mortar are the people who work there and the quality of the work they do. You will remember that in January, 1958, for national rather than for local reasons, all applications from members of your staff for increase of salary were refused and I requested that I should make some enquiries as to the staffing of some other comparable departments and report to you in due course. I felt extremely anxious about the small number of senior staff, upon whose continued efficiency the work of the department depends, and, as I have pointed out to you, the very serious consequences that would follow if one such officer were away, say from illness, for more than a few days. Fortunately, the key personnel of the Health Department appear to illustrate in their persons what their work is intended to serve and suffer very little from inferior health, but such good fortune cannot, of course, be relied on indefinitely. I wrote round to all County Boroughs in the comparable population range, 75,000 to 100,000, and I obtained some very interesting information from the extensive return that my colleagues made to my questionnaire. I do not propose to epitomize the findings in this letter as you have all no doubt kept the report and are very well acquainted with its contents, but you will recall that compared with other authorities Darlington, both in respect of the numbers it was employing and the money it was paying, was always in the lower half. From one point of view it is, of course, most praiseworthy to obtain at least comparable efficiency with other authorities at as cheap a rate as possible, but my observations have regrettably led me to the opinion that the reputation of a department in the eyes of the Council depends more upon its expansiveness than upon the money it saves. The whole point of preventive and social medicine is not to create but to avoid incident in accordance with the universal principle that a happy people or town or family has no history. Hence the success of the Health Department is measured by the silence of the service it gives, but this is not the way to establish a claim to a long pay roll or heavy expenses account.

Looking at another side of the picture I sometimes wondered in perusing the returns from other authorities how their larger establishments were fully employed because it is undoubtedly a fact that someone who applies him or herself diligently to work for all the hours of duty every day can accomplish a very great deal. This observation showed most strikingly where medical man-hours were concerned and, counting in the part-time service given by Dr. Odling-Smee and the Registrar at Greenbank Hospital, a total of six notional sessions, this authority figured in the place third from bottom. If the notional two sessions worked by myself for the Regional Hospital Board be added, bringing the weekly total of man-hour sessions up from 37 to 39, the place is only improved by one. I think it is more than likely that it will be necessary to increase the medical establishment of the department, particularly when new commitments are required under the impending Mental Health Act. At any rate you may rest assured that you are not showing extravagance under this heading.

I should like to pay tribute once more to the zeal and loyalty of the staff, upon which depend the success of all aspects of your responsibilities.

I have the honour to be,

Your obedient Servant,

JOSEPH V. WALKER,

Medical Officer of Health.

Health Department,

Feethams,

Darlington.

Tel. No. Darlington 5218.

MEMBERS OF THE HEALTH COMMITTEE

(at 31st December, 1958).

The Mayor (Councillor Mrs. M. Lyonette, J.P.) (Vice-Chairman).
Alderman A. J. Best, J.P. (Chairman).

Councillor J. E. Angus, J.P.	Councillor A. L. Preston.
„ Rev. M. A. Beaton.	„ Mrs. G. W. Raine.
„ L. Beaumont.	„ A. W. Snaith.
„ H. Carr.	„ F. Stephenson.
„ L. E. Davies.	„ J. W. Stokoe.
„ J. E. Picken.	„ A. Summers.
„ A. M. Porter.	

Co-opted Member : Mr. K. Girgis.

STAFF

Medical Officer of Health and Principal School Medical Officer	Joseph V. Walker, M.D., M.R.C.P., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.
Assistant Medical Officer of Health and School Medical Officer	John Fleming Bishop, M.B., Ch.B., C.P.H.
Chest Physician (part-time)	... Gilbert Walker, M.B., Ch.B., M.R.C.P., D.P.H.
Consultant Venereologist ...	... Edward Campbell, M.B., Ch.B., D.P.H.
Obstetrician (Registrar) for Ante- natal Clinics (part-time) ...	... J. J. Eisenberg, M.B., Ch.B.
Assistant Medical Officer for Child Welfare (part-time) ...	Mrs. K. H. Odling-Smee, M.B., Ch.B., D.P.H.
Principal School Dental Officer ...	J. L. Liddell, L.D.S. (till 30th June, 1958). J. McAra, L.D.S. (from 1st July, 1958).
School Dental Officer ...	J. McAra, L.D.S. (till 30th June, 1958). P. Waterfall, L.D.S. (from 15th Dec- ember, 1958).
Public Analyst ...	C. J. H. Stock, B.Sc., F.I.C.
Chief Public Health Inspector ...	F. Ward ^{1 2 3}
Deputy Chief Public Health Inspector	J. R. White ^{1 2}
Public Health Inspectors ...	A. F. Theakston ^{1 2} J. E. Harris ^{1 2} E. B. Miller ^{1 2} (till 30/6/58) P. J. Jemmeson ^{1 2} R. Kelly ¹ (from 24/5/58)
Pupil Public Health Inspector ...	K. Dixon
Housing Inspector ...	S. R. Blackburn
Superintendent Health Visitor and School Nurse ...	Miss E. Winch ^{4a 5 6 7}
District Health Visitors ...	Miss A. M. McIlwaine ^{4a 5} (till 23/6/58) Miss M. Milestone ^{4a 5 6} Miss F. E. Smith ^{4a 5 6}

Health Visitor/School Nurse ...	...	Mrs. E. Allan ^{4a 5 6} Miss D. Smith ^{4a 5 6} Mrs. D. Barry ^{4a 5 6} Miss B. Lambert ^{4a 5 6} (from 1/1/58) Miss E. Jackson ^{4a 5 6} (from 13/1/58)
Tuberculosis Health Visitor	...	Miss A. Thornton ^{4a 5 6}
Superintendent Midwife ...	...	Miss G. Beckett ^{4a 5} (from 1/3/58)
District Midwives ...	...	Mrs. F. R. Hawley ⁵ Mrs. I. Wilson ⁵ Miss E. Shaw ⁵ Mrs. O. M. Johnston ^{4a 5} Mrs. W. Smith ^{4a 5} (from 17/11/58)
Chief Clerk ...	...	Hugh R. Kirk
Clerical Staff ...	...	I. Burnley (Senior Clerk) W. Brown Miss G. W. Ruecroft (Senior Female Clerk) Mrs. E. Ward Miss M. Spence Mrs. O. Bertram (née Roberts) (till 31/1/58) Mrs. A. Craig Mrs. D. Moore Miss A. Lumb Miss M. Hipkiss Miss C. Walker Miss K. Glasper Miss L. A. Kipling (from 7/2/58 to 31/12/58)
Mental Welfare Social Workers and Duly Authorised Officers	...	C. W. Price S. McAulay
Occupation Centre Supervisor	...	Mrs. J. Paxton
Mental Welfare Social Workers	...	Mrs. M. Kirk Mrs. G. Sullivan (from 3/1/58)
Handicraft Instructors ...	...	D. J. Whalley Mrs. M. Hewson
Registrar of Births, etc. ...	...	Cyril Gannan
Rodent Operative ...	...	W. Calvert
Disinfectors ...	...	W. Hunter

1. Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.
2. Certificate of Royal Sanitary Institute for Meat and Food Inspectors.
3. Associate of Royal Society for Health.
4. State Registered Nurse : (a) General, (b) Fever, (c) Sick Children.
5. State Certified Midwife.
6. Health Visitor's Certificate of the Royal Sanitary Institute.
7. Nursing Administration Certificate of the Royal College of Nursing.
8. Midwifery Teacher's Certificate.

PART I

Vital Statistics

Height above sea level—100 to 240 feet.

Area of Borough in aeres—6463.

Resident population (Registrar General's estimate, 1958)—83,170.

Resident population (last census 1951)—84,861.

Percentage decrease on last census population—1.9%.

Density of population per aere—13.

Inhabited houses (at 31st March, 1959) :

(a) Dwelling houses	...	...	...	...	...	26,164
(b) Dwelling houses and shops	...	...	...	...	...	585
(c) Licensed premises	...	...	...	...	...	65
Total ...						26,814

Rateable value (at 31st March, 1959)—£1,159,086.

Sum represented by 1d. rate (at 31st March, 1959)—£4,667 17s. 8d.

Relating to Mothers and Infants :

Live Births—1,344 (Male—691, Female—653).

Live birth rate per 1,000 population—16.1.

Stillbirths—38.

Stillbirths rate per 1,000 live and stillbirths—27.5.

Total live and stillbirths—1,382.

Infant deaths—38.

Infant mortality rate per 1,000 live births—Total 28.3

„ „ „ „ „ „ „ —Legitimate 25.3

„ „ „ „ „ „ „ —Illegitimate 64.5

Neonatal mortality rate (first four weeks) per 1,000 live births—18.6.

Illegitimate live births per cent. of total live births—4.6%.

Maternal deaths (including abortion)—0.

Maternal mortality rate per 1,000 live and stillbirths—0.

Relating to Death

Deaths from notifiable infectious diseases (other than tuberculosis)—1.

Deaths from gastro-enteritis (under 2 years)—0.

„ „ respiratory tuberculosis—8.

„ „ non-respiratory tuberculosis—0.

„ „ cancer—198 (Cancer of the lung—37).

„ „ circulatory diseases—488 (Coronary thrombosis—109).

„ „ pneumonia and bronchitis—82.

„ „ violent causes—35.

Deaths of persons 65 years and over—67.6% of all deaths.

Deaths of persons 75 years and over—40.9% of all deaths.

Inquests held—48.

Uncertified deaths—28.

Deaths in institutions—388 (including 59 in institutions outside the Borough.

This is equivalent to 38.0% of all deaths compared with 34.4% in 1957).

Death rate per 1,000 population—12.3.

Total deaths—1,021 (Males—515, Females—506).

Natural increase of population—323.

TABLE I
Comparable Table of Vital Statistics, 1939—1958

		Birth-Rate*		Death-Rate*		Infant Mortality*	
Year	Estimated Population.	Dar- lington	England & Wales	Dar- lington	England & Wales	Dar- lington	England & Wales
1939	76,900	16.8	15.0	12.5	12.1	56	50
1940	77,720	16.3	14.6	13.9	14.3	58	55
1941	80,010	16.4	14.2	12.4	12.9	54	59
1942	78,880	15.7	15.8	12.1	11.6	59	49
1943	77,400	16.0	16.5	13.5	12.1	53	49
1944	77,640	19.8	17.6	12.5	11.6	42	46
1945	78,280	17.5	16.1	12.4	11.4	40	46
1946	82,460	19.6	19.1	11.9	11.5	40	43
1947	83,600	20.6	20.5	12.5	12.0	38	41
1948	84,000	18.4	17.9	11.6	10.8	32	34
1949	84,880	16.3	16.7	11.5	11.7	44	32
1950	85,550	15.6	15.8	12.9	11.6	34	30
1951	84,770	15.5	15.5	12.4	12.5	28	30
1952	84,000	14.1	15.3	11.5	11.3	26	28
1953	83,820	15.7	15.5	11.8	11.4	28.8	26.8
1954	83,900	14.8	15.2	11.2	11.3	28.9	25.5
1955	83,560	15.3	15.0	12.3	11.7	27.4	24.9
1956	83,360	14.1	15.7	11.9	11.7	34.0	23.8
1957	83,260	15.5	16.1	12.5	11.5	32.6	23.0
1958	83,170	16.1	16.4	12.3	11.7	28.3	22.6

* Rate per Thousand.

The following Tables provide further information relating to the cause and place of deaths in the Borough and to the special incidence of mortality among infants under 1 year of age and among children aged 1 and over and under 15 years of age.

TABLE II

Deaths occurred from the following causes :—

CAUSE	WARD	Harrowgate Hill	North Road	Cockerton	Northgate	Piermont	Central	Haughton	Eastbourne	West	South	Lingfield	TOTAL	Inward Transfers	GRAND TOTAL
1 Tuberculosis, respiratory	...	...	3	1	...	...	1	1	...	...	1	...	7	1	8
2 Tuberculosis, Other	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Syphilitic disease	...	1	...	...	...	1	...	...	...	...	1	...	3	...	3
4 Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and parasitic diseases	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1
10 Malignant neoplasm, stomach	4	1	1	3	3	4	3	2	...	2	3	26	5	31	
11 „ „ lung, bronchus	5	3	1	5	2	2	2	3	5	4	3	35	2	37	
12 „ „ breast	1	2	2	1	2	...	1	...	3	3	1	16	...	16	
13 „ „ uterus	...	1	...	1	...	...	...	3	...	1	1	7	1	8	
14 Other malignant and lymphatic neoplasms	6	10	4	14	7	8	5	6	10	12	9	91	15	106	
15 Leukaemia, aleukaemia	...	...	...	...	...	1	1	1	...	...	...	3	...	3	
16 Diabetes	2	...	...	1	...	...	...	1	...	1	2	7	2	9	
17 Vascular lesions of nervous system	...	8	12	11	15	10	5	9	14	12	22	121	6	127	
18 Coronary disease, angina	12	9	4	8	21	10	6	5	11	9	11	106	3	109	
19 Hypertension with heart disease	...	...	...	...	...	...	...	...	...	...	...	...	1	1	
20 Other heart disease	6	8	5	7	8	3	4	8	5	8	12	74	6	80	
21 Other circulatory disease	8	9	13	16	22	17	8	17	14	14	22	160	11	171	
22 Influenza	...	...	...	...	...	1	1	1	...	...	...	3	...	3	
23 Pneumonia	5	2	2	2	4	3	...	3	2	2	6	31	3	34	
24 Bronchitis	2	7	3	10	2	8	3	3	1	1	7	47	1	48	
25 Other diseases of respiratory system	1	1	...	...	...	...	1	...	1	3	1	8	2	10	
26 Ulceration of the stomach or duodenum	...	...	1	...	...	...	...	1	...	1	...	3	1	4	
27 Gastritis, enteritis, and diarrhoea	...	1	...	1	1	1	...	...	...	...	2	6	...	6	
28 Nephritis and nephrosis	1	...	...	3	...	1	...	...	2	2	...	9	1	10	
29 Hyperplasia of prostate	...	...	1	...	...	1	...	1	...	...	1	4	...	4	
30 Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital malformations	2	1	1	1	...	1	1	...	...	...	1	8	1	9	
32 Other defined and ill-defined diseases	17	18	10	15	11	13	6	4	12	13	26	145	3	148	
33 Motor vehicle accidents	1	...	...	...	1	...	1	...	...	1	1	5	3	8	
34 All other accidents	1	...	1	...	1	3	1	2	2	1	...	12	4	16	
35 Suicide	1	2	...	...	1	...	1	1	1	...	1	8	1	9	
36 Homicide and operations of war	...	...	...	1	...	...	...	...	...	1	...	2	...	2	
TOTALS	79	86	63	100	102	88	51	71	83	93	132	948	73	1021	

TABLE III

Deaths occurred at the following ages :—

CAUSE	YEARS								
	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75+
1 Tuberculosis, respiratory	2	5	1	...
2 Tuberculosis, Other
3 Syphilitic disease	1	2	...
4 Diphtheria
5 Whooping cough
6 Meningococcal Infections...
7 Acute poliomyelitis
8 Measles
9 Other Infective and parasitic diseases...	1	...	...	...
10 Malignant neoplasm, stomach...	9	6	16
11 „ „ lung, bronchus	2	18	14	3
12 „ „ breast	1	6	4	5
13 „ „ uterus	3	2	3
14 Other malignant and lymphatic neoplasms...	7	39	33	27
15 Leukaemia, aleukaemia	1	...	1	1	...	...	...
16 Diabetes	2	5	2
17 Vascular lesions of nervous system...	23	29	75
18 Coronary disease, angina	3	40	32	34
19 Hypertension with heart disease..	1
20 Other heart disease	1	14	24	41
21 Other circulatory disease..	1	30	56	84
22 Influenza	1	1	1	...
23 Pneumonia ...	2	...	...	...	...	...	4	11	17
24 Bronchitis	1	20	12	15
25 Other diseases of respiratory system...	1	...	...	3	4	2
26 Ulceration of the stomach or duodenum...	1	3
27 Gastritis, enteritis and diarrhoea...	1	...	2	...	...	1	2
28 Nephritis and nephrosis	1	2	1	3	3
29 Hyperplasia of prostate	4
30 Pregnancy, childbirth, abortion...
31 Congenital malformations	9	...	...	...	...	...	...	...	...
32 Other defined and ill-defined diseases...	24	...	1	...	1	6	14	27	75
33 Motor vehicle accidents	2	...	...	2	3	1	...	...
34 All other accidents ...	3	...	...	...	1	1	3	3	5
35 Suicide	3	5	1	...
36 Homicide and operations of war...	1	...	1
TOTALS ...	38	2	3	1	8	36	243	272	418

TABLE IV

1958 Cancer Deaths—Parts of Body Affected

Parts Affected	under35		35-45		45-55		55-65		65-75		75 and over		TOTAL		% of all cases
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mouth and Throat	1	...	3	...	2	...	...	1	6	1	3.5
Gastro Intestinal	2	1	2	4	14	7	11	17	13	19	42	48	45.5
Genito Urinary	2	1	4	5	6	4	7	4	19	14	16.7
Breast	1	...	2	...	4	...	4	...	5	...	16	8.1
Bones	1	...	1	.5
Glands	2	...	2	...	...	...	...	1	...	...	4	1	2.5
Thorax	1	...	1	8	2	10	1	12	2	3	...	34	6	20.2
Skin, etc.	1	...	1	.5
Brain	2	1	1	...	...	...	...	...	1	1	4	2.5
TOTAL	1	...	4	5	16	10	31	17	31	28	23	32	106	92	100.0

TABLE V

Seasonal Incidence of Deaths Under 1 Year, 1958

				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
ALL CAUSES	...	...	...	8	14	6	10	38
Measles	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	1	1	1	3
Meningitis (not T.B.)	...	...	...	...	...	...	1	1
Gastro-Enteritis	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	1	1	...	1	3
Atelectasis	...	...	...	...	...	...	...	...
{ Congenital Malformations	...	...	...	2	3	3	2	10
{ Premature Births	...	...	...	3	5	1	2	11
{ Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...
Suffocation and Asphyxia...	...	...	...	2	2	1	1	6
Other Causes	...	...	...	...	2	...	2	4

TABLE VI

Infant Mortality, 1958

Net deaths from stated causes at various ages under one year of age.

					Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
All Causes	{	Certified	...	...	19	5	1	...	25	7	5	5	...	38
		Uncertified	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	1	...	...	...	1	2	...	...	...	3
Meningitis (not T.B.)	...	...	...	...	1	..	...	...	1	...	...	...	...	1
Gastro-Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at Birth	...	...	...	...	3	...	...	...	3	...	...	...	...	3
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Congenital Malformations	...	...	...	1	4	1	...	6	1	2	1	...	10
		Premature Birth	11	11
Atrophy, Debility and Marasmus		...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation and Asphyxia	...	...	...	...	1	...	...	...	1	2	3	...	...	6
Other Causes	...	...	...	...	1	1	...	...	2	2	...	...	...	4
TOTAL					19	5	1	...	25	7	5	1	...	38

TABLE VII

Mortality among Children, 1-5 years and Children of School Age

[illegible]

Commentary

The problem of infant mortality in Darlington still continues to cause concern and the matter is referred to a special Appendix on page 83. Some adverse factor would seem to be apparent in Darlington which is not experienced to the same extent in some otherwise comparable towns or in areas where socio-economic conditions would appear to be inferior. The interest of the local obstetrical consultants and practitioners has been alerted and your own staff of midwives and health visitors have been put very much into the picture. Writing in May, 1959, no obvious factor is yet to hand.

With regard to mortality at other times of life and from other causes, Table VII, showing deaths among children over 1 and under 15 years of age, is extremely satisfactory, with a total of 6 as compared with 11 last year. These 6 are, of course, all too many and whereas two of the disorders shown in the Table are of their nature fatal, the remaining cases showed at least theoretical preventable factors. Mortality from cancer continues to increase, with 198 deaths in 1958 as compared with 169 in 1957. Forty of these, or 20.2%, were due to primary cancer of the lung and it will be noted that as far as Darlington is concerned the gastro-intestinal tract is much the most common site of the malady, with the genito-urinary system in the third place. Although there is a good deal of emotional feeling attached to cancer, and it can undoubtedly be an extremely unpleasant disease, the fact remains that diseases of the heart and blood vessels account for the largest number of deaths, and coronary disease, which accounts for a good deal more morbidity than the figures for deaths reveal, shows also a rising trend. There is no doubt that this last-named group of diseases and cancer represent the high-spots for research and preventive action among physical disorders. It has to be admitted that although a great deal of time and thought has been given to them, and especially to cancer, we still remain very much in the dark about them.

PART II

Prevalence and Control over Infectious Diseases

§ 1. GENERAL.

The following Table shows the incidence of infectious diseases and also their disposal to Hundens Hospital. The initials "C" and "M" designate civil and military patients. The arrangement with the military authorities to admit certain cases of infectious disease among officers and other ranks and their families at Catterick Camp to the hospital was continued by the Darlington District Hospital Management Committee throughout 1958 and patients from rural areas were also admitted under continuing earlier agreements as well as because their homes were within the area of the Darlington Hospital District. R.A.F. patients from neighbouring stations were admitted also and are included with "M" cases in the Table.

TABLE VIII
Incidence of Infectious Diseases

DISEASE.	Borough Cases				Cases removed to and Deaths in Hundens Hospital							
	Total Cases Notified		Total Deaths		From Borough				From Rural and other Districts			
					Cases		Deaths		Cases		Deaths	
	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.	C.	M.
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	29	...	...	...	3	...	...	...	2	...	...	...
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ...	...	...	...	...	...	...	...	...	2	...	...	...
Erysipelas	5	...	...	...	3	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...
Babies with Mothers	1	...	...	...	1	...	...	...	1	...	...	...
Pneumonia	20	...	34	...	8	...	1	...	1	...	...	...
Measles	187	...	...	...	2	...	...	...	2	...	...	...
Respiratory Tuberculosis	55	...	8	...	46	...	1	...	22	...	...	...
Meningitis T.B. ... ..	...	...	...	...	...	...	...	...	4	...	...	...
Other forms of Tuberculosis	6	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	17	...	...	...	...	...	...	...	...	...	...	...
Para-typhoid	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	5	...	...	...	5	...	...	...	2	...	...	...
Dysentery	29	...	1	...	9	...	1	...	1	...	...	...
Food Poisoning	11	...	...	...	...	...	...	...	...	...	...	...
Encephalitis	3	...	...	...	3	...	...	...	1	...	1	...
Other Conditions	132	...	8	...	110	...	8	...	45	12	2	...
Totals ...	500	...	51	...	190	...	11	...	83	12	3	...

Commentary

Although the number of patients admitted to Hundens Hospital from all sources during 1958 was greater in the previous two years, 285 compared

with 272 for 1957 and 224 for 1956, there is very little to which attention needs to be drawn as far as conditions in Darlington were concerned. Five patients suffered from poliomyelitis, all of them admitted to hospital and one of them so severely affected that he will be permanently crippled. It is to be hoped that vaccination against this disease will in due course eliminate this constant if small wastage of valuable talent. An Appendix on p. ~~84~~ 87 has been devoted to encephalitis, of which a number of cases of primary disease were admitted to hospital, 3 of them from Darlington. It is to be hoped that they do not signify any kind of trend towards a high incidence of this malady, which, as past experience has shown, can exhibit very deadly and damaging features. One of the patients admitted to hospital died and the others made an apparently complete recovery. Studies in virology have shown a very large number of viruses of various kinds that are capable of pathological effects in the human species often affecting the central nervous system. There is no reason to suppose that they are more numerous than in the past; it is merely that we have now learned the trick of isolating and cultivating them. At the same time, knowledge of their existence precludes any complacency that the problem of infectious diseases has been finally solved and even sometimes dangerous disorders, such as scarlet fever, which now tend to be regarded as very minor ailments, may show continued virulence. Several patients admitted to Hundens Unit with scarlet fever or with streptococcal sore throats (the streptococcus being the causative organism in both instances) showed transient irregularity of the heart afterwards, which entailed a long convalescence.

As in other years, a large number of patients described in Table VIII as "Other conditions" were admitted to hospital. A substantial proportion of these were described on admission as gastro-enteritis and were infants or young children. In most cases their symptoms cleared up almost at once when diet was regularised and a routine was developed of putting the patient first on dextrose saline solution, then on quarter-cream Lacidac, going on to the half and full-cream variants of modified milk and then on to National Dried Milk. Sometimes it was possible to omit the Lacidac stage altogether, proceeding immediately from saline to quarter or half-cream Dried Milk. In not a single instance was it necessary to give parenteral fluid and in many of the cases the symptoms were due to no more than feeding disturbances, sometimes complicated by adverse home conditions. Among infants, artificial rather than breast-feeding was invariably found in such cases. An interesting point of conflict arises here between a policy that regards early hospitalisation of a child suffering from vomiting and diarrhoea as an essential precaution against dangerous fluid loss and the point of view sponsored by Dr. John Bowlby and his circle, which also included the late Professor Sir James Spence, which stresses the dangerous psychological trauma brought about by separating a young child from its mother. Your Medical Officer of Health has noticed that when really ill children, as for instance with meningitis, are admitted to hospital, when they recover normal consciousness they at once adjust to their new surroundings. In the case of children who are less ill and hence fully aware of their hospitalisation, a great deal seems to depend upon their home circumstances. If they come from homes, whether rich or poor, where they have been secure, their adaptation to hospital conditions is rapid and easy, and it is the child from the insecure, emotionally disturbed home who is distressed and difficult in his new environment. From

a medical point of view, the latter group are more likely to need hospitalisation for relatively minor ailments than the former, but when the question of psychological trauma is considered one must bear in mind that the damage brought about by the disturbed home is likely to be at least as considerable as by the act of hospitalisation.

TABLE IX
1958—Infectious Diseases in Wards

DISEASE	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	West	South	East	Lingfield	Houghton	TOTAL
Scarlet Fever ... ..	...	...	5	6	1	3	2	...	3	5	4	29
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	2	3	2	4	...	2	...	...	2	2	...	17
Measles	13	11	51	12	16	14	9	10	25	14	12	187
Poliomyelitis ... ..	...	...	...	1	...	2	...	...	1	...	1	5
Paratyphoid Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infection ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	2	...	1	4	2	3	...	1	3	4	...	20
Encephalitis ... ..	...	...	1	1	...	...	...	...	...	1	...	3
Erysipelas ... ..	...	...	...	...	...	...	...	1	2	...	2	5
Puerperal Pyrexia ... ..	...	...	...	1	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum ... ..	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ... ..	...	...	5	3	12	...	...	...	4	5	...	29
Food Poisoning ... ..	...	1	...	4	...	3	...	...	1	2	...	11
Others	11	6	9	25	12	20	7	7	11	13	11	132
Respiratory Tuberculosis	2	7	9	5	3	3	3	6	5	6	6	55
Non-Respiratory Tuberculosis	1	...	...	1	1	...	...	1	1	1	...	6
TOTAL	31	28	83	67	47	50	21	26	58	53	36	500

Food Poisoning

In accordance with Memorandum 188/Med. of the Ministry of Health, a return was made of cases of food poisoning and suspected food poisoning in 1958 as follows :

First Quarter ...	1
Second Quarter ...	4
Third Quarter ...	5
Fourth Quarter ...	1
Outbreaks due to identified agents	1
Outbreaks due to undiscovered cause (2 or more patients)	2
Number of patients	6
Single cases—Agents identified	1
Unknown causes	4

I do not think that any comment is required on these figures. Although the situation here reflected may be incomplete, I am satisfied that no serious outbreak of food poisoning from any source occurred in the County Borough during the year.

§ 2. TUBERCULOSIS AND MASS RADIOGRAPHY

Your Medical Officer of Health is again indebted to the Chest Physician, Dr. Gilbert Walker, for a comprehensive report on the work of this section of the department. Dr. Walker writes as follows :

“ In 1958, the general administrative and clinical arrangements for dealing with tuberculosis continued on the same lines as in previous years.

Notifications of new cases of respiratory tuberculosis in the past five years were as follows :

1954	...	...	90
1955	...	...	63
1956	...	...	93
1957	...	...	64
1958	...	...	61

The figure for 1958 maintains the improvement of the previous year but there is still no dramatic reduction of incidence of the disease and continued effort is required in the sphere of prevention if we are to succeed in controlling it finally.

The age and sex distribution of the new cases is on the familiar pattern, the older age groups in the male showing the highest incidence. It is in these cases also that treatment is often least successful in leading to sputum conversion and permanent recovery.

There seems to be a growing volume of opinion amongst the general public and indeed sometimes amongst those who should know better, that tuberculosis is no longer a menace either to the individual or to the public health, but as tuberculosis still kills about sixty persons each week in England and Wales and something like 500 new cases are notified in these countries each week, it should be emphasised that we still have a long way to go before the incidence of tuberculosis reaches the low levels of other infections such as diphtheria.

There is still a real risk that strains of tubercle bacilli resistant to the commonly used drugs will in time become prevalent and even predominate in the community so that new cases of the disease will not respond to those drugs at present in use for treatment. At present the number of such cases is small and it seems likely that the organisms from sputum positive patients who have had a good deal of chemotherapy have lost some of their viability and invasive power.

Of the 53 new cases seen at the Chest Clinic in 1958, 25 were found to be sputum positive at the time of diagnosis and therefore in urgent need of isolation and treatment to prevent spread of the disease to persons in contact with them.

I must again acknowledge the excellent co-operation of the general medical practitioners in referring patients to the Chest Clinic and Mass Radiography Unit for diagnosis of respiratory and other cases where a diagnosis of tuberculosis seems possible and also to an increasing extent their interest and supervision of the domiciliary treatment including chemotherapy in their patients.

In 1958 we were fortunately able to offer vacancies in hospital to all newly diagnosed patients and also to those patients who relapsed after a debilitating illness and required further in-patient treatment. It is acknowledged that prolonged bed rest is not so vitally important to all patients in these days of effective chemotherapy, but I am impressed by the advantages obtained by in-patient hospital treatment particularly in new patients who obtain a proper perspective in relation to their illness and realise the importance of self-discipline in facilitating permanent recovery.

Beds available to Darlington patients were as last year in Hundens Unit, Darlington, the Hospital of St. John of God, Scorton, the Friarage Hospital, Northallerton and Poole Hospital, Nunthorpe, Middlesbrough.

The standard drugs in use were streptomycin, isoniazid and P.A.S. and in general terms we prefer that the period of treatment involving intramuscular injections should be spent in hospital and the follow-up with oral chemotherapy can be easily carried out when the patient is at home. As courses of treatment tend to become more prolonged, it is not uncommon for patients to be rehabilitated and back at work before the treatment can safely be discontinued.

Other tuberculostatic drugs such as viomycin, cycloserine, isoniazid analogues and calcium B-Pas have been used to a limited extent. In selected cases corticosteroids have proved to be useful adjuvants to chemotherapy.

Major surgery has been necessary on fewer patients and collapse therapy was not used at all in 1958. The more effectively we use chemotherapy the less need there is for surgical help to complete the treatment. The thoracic surgical unit at Poole Hospital undertakes any major surgery required by Darlington patients and we have continued to maintain excellent relationships with our medical and surgical colleagues there.

The scheme for B.C.G. vaccination operated on the same lines as last year. The chest service dealt with hospital staffs and contacts of tuberculous patients and the staff of the Health Department carried out the vaccination of school children in the appropriate age-group.

I should like to take this opportunity to thank the staff of the Health Department and in particular the Medical Officer of Health, for unfailing interest and co-operation in all matters affecting the welfare of tuberculous persons.

The following paragraphs relate to the work of the chest service for Darlington in 1958.

Administration

The Darlington administrative area for the chest services comprises Darlington, Northallerton and the surrounding rural districts in the counties of Durham and the North Riding of Yorkshire.

The medical staff consists of one Chest Physician and one Assistant Chest Physician, who are responsible for the consultative and diagnostic work at the Darlington and Northallerton clinics and the in-patient treatment of patients in the beds controlled by them.

The contact clinic established by the Corporation is held in the clinic premises at Feethams and is attended by the Chest Clinic team who work in close liaison with the Medical Officer of Health and staff of the Health Department in the prevention, care and after-care functions of the local health authority. All child contacts are tuberculin tested and negative reactors

are offered B.C.G. vaccination, whereas positive reactors are X-rayed and retained under supervision.

Beds available to patients in the Darlington administrative area were as follows :—

					Male	Female
Hundens Unit	...	...	...	...	14	11
Friarage Hospital	...	...	...	...	10	—
Poole Hospital	...	...	...	...	As required	
Hospital of St. John of God, Scorton	...				12	—

Notifications

The following Table shows the age and sex distribution of patients notified in 1958.

TABLE X

		0-4	5-14	15-24	25-34	35-44	45-54	55-64	over 65	Total
Respiratory ...	M.	1	1	5	6	4	11	8	5	41
	F.	—	2	5	8	2	2	—	1	20
Non-Respiratory ...	M.	—	1	—	—	—	—	—	—	1
	F.	—	—	1	—	—	—	—	—	1

Deaths

There were 9 deaths from respiratory tuberculosis compared with 12 in 1957, 13 in 1956, 10 in 1955 and 16 in 1954. There were no deaths from non-respiratory tuberculosis in 1958, 2 in 1957, 2 in 1956, 1 in 1955 and none in 1954. In addition 4 tuberculous persons died from causes other than tuberculosis.

Age and Sex Incidence

The age and sex incidence of new cases of respiratory tuberculosis seen at the clinic is given in the following Table, the figures in brackets being the corresponding figures for 1957.

TABLE XI

	15-25	—45	— 65	65+	Total
Male ...	4 (5)	8 (9)	16 (17)	4 (5)	32 (36)
Female ...	4 (6)	7 (5)	2 (4)	2 (3)	15 (18)
Children ...	—	—	—	—	6 (5)
Total ...	8 (11)	15 (14)	18 (21)	6 (8)	53 (59)

Of the 53 new cases, 25 were found to have T.B. in the sputum. The patients were drawn from a wide range of occupations ; 12 were housewives, 10 in engineering and 4 were clerks.

Mass Radiography

The Middlesbrough Mass Radiography Unit continued to visit Darlington, the arrangements being made as in previous years between the Secretary, Mr. J. J. Walsh, and the Health Department, the latter undertaking to notify medical practitioners, factories, senior schools and other interested parties, and to organise publicity and the system of appointments. The venue continued to be the School Clinic (See Tables pp. 24 to 26).

B.C.G. Vaccination at Contact Clinic

The contact clinic organised by the local health authority was used for the examination and tuberculin testing of child contacts. Children found to be tuberculin positive were referred to the Mass Radiography Unit along with all adult contacts of known cases of tuberculosis. Tuberculin negative children were offered B.C.G. vaccination. In all, 128 new contacts were tuberculin tested and 98 children were vaccinated with B.C.G.; including 30 babies who were vaccinated without the preliminary skin test. These figures are additional to those in the scheme for vaccinating school children operated by the staff of the Health Department.

Care Work

The National Association for the Prevention of Tuberculosis which was founded in 1899 and pioneered the work of prevention and after-care in tuberculosis at home and in the Commonwealth, extended its scope two years ago to include similar work in heart disease. In 1958 the Association altered its designation and is now the Chest and Heart Association, whose aims are "the conquest of chest and heart disease through research, education and treatment."

The Darlington Tuberculosis Care Committee, which is a voluntary committee subsidised by the Corporation, has for long undertaken the care and after-care of tuberculous families and published annually a report of their activities. The changing pattern of tuberculosis and the large scope for preventive and care work in chest diseases other than tuberculosis have lead the Committee to extend the scope of their work and we have at times called upon them for help in non-tuberculous cases.

Liaison with the Committee is maintained by the attendance of the Assistant Chest Physician at their meetings.

Unsatisfactory housing conditions of tuberculous patients were considered by the Medical Officer of Health in consultation with the Chest Physician with a view to appropriate action for securing priority in rehousing.

In suitable cases the help of the Disablement Resettlement Officers of the Ministry of Labour was enlisted to obtain vacancies for rehabilitation and vocational training of tuberculous persons.

Patients on the Register

On 31st December, 1958, there were 516 Darlington patients on the Chest Clinic register compared with 529 in 1957, 527 in 1956, 484 in 1955 and 501 in 1954. Of these, 508 were suffering from respiratory tuberculosis.

There were 63 respiratory and 2 non-respiratory patients written off the register in 1958 as "recovered."

The following Table shows the age and sex distribution together with the classification into sputum negative (A) and sputum positive (B), and the extent of the disease on diagnosis namely (1) early, (2) moderately advanced and (3) advanced.

TABLE XII

Age Group	A.1		A.2		A.3		B.1		B.2		B.3		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	4	5	1	—	1	—	—	—	—	—	—	—	6	5
„ 15 ...	14	8	—	3	—	2	—	—	—	—	—	—	14	13
„ 45 ...	51	38	17	21	2	3	14	17	55	36	9	25	148	140
„ 65 ...	17	7	18	7	—	—	8	3	63	14	16	6	122	37
Over 65 ...	3	1	5	1	—	—	1	—	9	1	2	—	20	3
Totals ...	89	59	41	32	3	5	23	20	127	51	27	31	310	198

B.C.G. Vaccination for School Children

The scheme described in previous years was continued in 1958, whereby B.C.G. vaccination was offered to all thirteen-year-old school children following a preliminary skin test to indicate whether in fact such vaccination would benefit them. The following Table summarises the findings and subsequent action. It will be noticed that while negative reactors were vaccinated, the positive reactors were asked to submit to mass miniature radiography. The reason for this was that the positive skin reaction indicated some previous experience of *mycobacterium tuberculosis*, which, though likely to be healed, may have been active and so discoverable at an early stage by radiological examination. Enquiries were also made as far as possible in the families of positive reactors, to discover unknown cases of open tuberculosis at large in the population from whom these young people had in the first place picked up the infection.

TABLE XIII

School		No. Skin Tested	Positive Reactors			Negative Reactors		
			No.	%	X-rayed	No.	%	Vaccinated
St. Augustine's	Girls	19	2	10.5	2	17	89.5	17
St. Augustine's	Boys	23	9	39.0	9	14	61.0	14
Eastbourne	Girls	82	22	27.0	18	60	73.0	60
Eastbourne	Boys	95	35	36.8	31	60	63.2	60
North Road	Girls	35	9	25.7	8	26	74.3	26
Albert Road	Boys	30	8	26.7	8	22	73.3	22
St. Mary's Grammar	Boys	17	4	23.5	3	13	76.5	13
Polam Hall	Girls	9	3	33.3	3	6	66.7	6
Technical	Mixed	53	12	22.6	11	41	77.4	41
Grammar	Boys	103	59	57.3	54	44	42.7	43
High	Girls	86	54	62.8	42	32	37.2	32
Gladstone Street	Boys	82	27	33.0	26	55	67.0	55
Reid Street	Girls	81	48	59.2	34	33	40.8	33
Haughton	Mixed	67	32	47.7	27	35	52.3	35
Immac. Conception	Girls	14	4	28.5	3	10	71.5	10
Totals		796	328	41.2	279	468	58.8	467

TABLE XIV

Number of MALES X-rayed showing the number referred to Chest Clinics for Large Films and/or Clinical Examination and the Abnormalities discovered.

Examinee Group	Miniature Films taken	To Chest Clinic	PULMONARY TUBERCULOSIS			NON-TUBERCULOUS ABNORMALITIES					
			Treat- ment or close super- vision	Ocas- ional super- vision	Healed no further action	Pleural abnor- malities	Bronch- itis	Bronch- iectasis	Cardiac abnor- malities	Thoracic Neo- plasm	Misc.
Doctors' Patients	296	43	5	2	1	5	5	—	5	3	13
T.B. Contacts	57	1	—	—	—	—	—	—	—	—	1
Schoolchildren	685	8	—	1	—	—	1	1	—	—	4
Adults working with children ...	47	1	—	—	—	—	—	—	—	—	—
General Public	3,042	82	6	11	8	3	7	3	5	5	18
Children under five years of age ...	1	—	—	—	—	—	—	—	—	—	—
Factories	2,420	40	1	7	7	1	5	1	1	—	2
TOTAL	6,548	175	12	21	16	9	18	5	11	8	38

TABLE XV

Cases of Pulmonary Tuberculosis needing treatment or close supervision, shown as a percentage of the group in which they were discovered.

Examinee Group	Total X-rayed	Pulmonary T.B.			Percentage of Group X-rayed
		M.	F.	Total	
Doctors' Patients	593	5	2	7	1.18%
Contacts	150	—	1	1	0.66%
Adults working with children ...	188	—	—	—	—
Schoolchildren... ..	1,156	—	1	1	0.08%
Ante-Natal Patients	2	—	—	—	—
General Public	5,780	6	4	10	0.17%
Children under five years of age ...	1	—	—	—	—
Factories	3,928	1	2	3	0.08%
TOTAL	11,798	12	10	22	0.18%

§ 3. VENEREAL DISEASES

In conversation with your Medical Officer of Health on the state of venereal infections on Tees-side in general and in Darlington in 1958 in particular, Dr. Edward Campbell, Consultant Venereologist, reported as follows :

He said that during 1958 there had been a 50% increase in gonorrhoeal infection in Tees-side, which included Darlington, as compared with 1957, which latter year had also shown an increase on previous figures. He attributed this to two main factors, the first being an increase in coloured workers in the area, who, being away from home, lonely and often having difficulties with the language, tended to consort with promiscuous women from whom they became infected. Casual labourers from Eire were in somewhat the same position. Both groups tend to default and because of their migratory habits are difficult to trace.

The other important factor was a tendency on the part of general practitioners to treat patients reporting a urethral discharge with a single dose of penicillin, which in the case of gonorrhoeal infection was immediately effective and so nothing more was heard of the patient or of his contact. Dr. Campbell thought that if practitioners, instead of adopting this easy method, made it a matter of principle to refer all cases of urethritis to the clinic, a more effective method of contact tracing would be possible.

Where Darlington itself was concerned, Dr. Campbell was quite satisfied with the methods of contact tracing already established. He had a nurse who followed up all discoverable contacts, which amounted to about 90% and a response is obtained from something like 85%. A good many of the Darlington prostitutes were known to the clinic and attended spontaneously if ever they had reason to suspect infection. He did not think that casual promiscuity accounted for the spread of a great deal of infection locally. He was not of the opinion that the gonococcus was becoming resistant to penicillin, at least not in this area, and he thought that suspicion to the contrary in London might have been founded on false premises.

With regard to co-operation with the Health Department, occasionally Dr. Campbell's Nurse Ellis needs the help of a health visitor and she and Miss Winch co-operate in the follow-up of difficult patients as and when circumstances require. "I do not think that any possibility of closer co-operation exists at the present time," says Dr. Campbell.

PART III

National Health Service Act, 1946**§ 1. CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**

There is nothing to add to the description of previous Annual Reports in respect of the amenities provided by the local health authority under Section 22 of the National Health Service Act. The clinics remain as hitherto, for the most part in improvised premises, some of which are by no means suited to their needs. Their popularity remains, however, undiminished and the work they do holds its value for the community. It is worth remembering in this connection that the maternal and child welfare services sponsored by local authorities came into existence to fill a need otherwise very obvious in earlier phases of an industrial society, a need moreover that was not satisfactorily met by National Health Insurance prior to 1948 when mothers and children were omitted from the scheme. Theoretically, when under the National Health Service Act a medical service free of user charge is available to everyone in the community, the special need for local health authority amenities for mothers and young children should have disappeared. Actually this is not the case and new problems of health, particularly in the mental sphere, relating to children and parental relationships with them are now demanding attention. This in turn demands flexibility of outlook on the part of all concerned, but it does not suggest that the arrangements made in the past years are likely to become redundant at an early date.

(a) Expectant and Nursing Mothers

The Registrar or alternatively House Officer from Greenbank Maternity Hospital has continued to act as medical officer to the Corporation ante-natal clinics, continuing the excellent example of co-operation between two branches of the National Health Service and to the mutual advantage of both, which has been described in previous Reports.

The times of the clinics were as follows :

Attended always by a Medical Officer :

Thursday, 2 p.m. Eastbourne Nursery School.
Friday, 2 p.m. Albert Road School House.

Medical Officer attends sometimes or is available at need :

Tuesday, 2 p.m. Cockerton Methodist School Room.
Wednesday, 2 p.m. Greenbank Maternity Hospital.

Midwife only in attendance :

Friday, 2 p.m. Eastbourne Nursery School.
Wednesday, 2 p.m. Albert Road School House.

The number of expectant mothers attending the Corporation clinics during 1958 was 629 and the total attendances made were 3,085, figures closely comparable with those of the previous year.

(b) Child Welfare

The following is a list of the baby clinics provided by the local health authority :

Monday	10 a.m. and 2 p.m.	Thompson Street Methodist School Room.
	10 a.m. and 2 p.m.	Corporation Road Methodist School Room.
Tuesday	10 a.m. and 2 p.m.	Albert Road School House.
Wednesday	10 a.m. and 2 p.m.	Eastbourne Nursery School.
Thursday	2 p.m.	Coniscliffe Road Methodist School Room.
Friday	10 a.m. and 2 p.m.	Cockerton Methodist School Room.
	2 p.m.	Haughton Church School Room.

In 1958 attendances for the first time of children under one year of age were 881, which was 65% of the notified births during the same period. Total attendances of children under one year of age were 13,713, and of children one to five years of age 5,534. The Medical Officer of Health and both Assistant Medical Officers take baby clinic sessions and Dr. Odling-Smee gives the whole of her part-time services to this purpose ; 8 sessions in all per week among all officers.

(c) Care of Premature Infants

The following figures show the number of premature infants born at home during 1958 and also that nearly all of them were cared for at home. Since the premature baby requires pre-eminently warmth and security, removal to hospital is not indicated except for some very grave and urgent reason, and although it is apparent that 2 of the infants so cared for failed to survive at the end of one month prematurity in any case is a frequent cause of neo-natal mortality and the aim of preventive medicine should be to ensure that all conceptions were carried to term.

Total premature births	...	...	23
Nursed exclusively at home	...	...	22
Surviving at end of month	...	...	21

(d) Supply of Dried Milks, etc.

The central depot at the Health Department was maintained for the distribution of dried milks, which were also available at baby clinics. Mrs. D. Moore continued to give full-time service at the centre and Miss K. Glasper attended at the clinics, as also Mrs. D. Peden on a part-time basis. Mr. H. R. Kirk continued to supervise this side of the work with his accustomed efficiency.

During the period 24,718 tins of dried milk, 45,158 bottles of orange juice, 6,316 bottles of cod liver oil and 3,909 packets of vitamin tablets have been distributed.

(e) Dental Care

The general arrangements of previous years continued in 1958 and, as before, very little use was made of the available amenity. As you will remember, the Principal School Dental Officer and the School

Dental Officer each give a notional one session per week to Health Department work and although their time is nothing like fully occupied in this respect I am of the opinion that it should continue to be allocated since it maintains a valuable principle of co-operation and might at any time be put to full use. Mr. J. L. Liddell retired on superannuation during the summer and Mr. J. McAra was promoted to take his place. Mr. P. Waterfall was then appointed as School Dental Officer ; thus the establishment in this respect remains, happily, up to strength.

The work during the year was as follows :

Expectant and Nursing Mothers ...	...	9
Children under 5 ...	...	44

(f) **Care of Unmarried Mothers and their Children**

Support was given to St. Agnes' Home, 45 Duke Street, in 1958 as in 1957 and there assistance was received by 91 cases. Thirty-eight of these passed through the Home, and of these 32 were unmarried expectant mothers, 2 were married with illegitimate babies, 1 was a widow with an illegitimate child, 1 was a divorcee with an illegitimate child and 2 were in need of shelter. In addition to these, 53 outside cases were dealt with, of whom 24 were unmarried expectant mothers, 3 were married women with illegitimate babies, 1 a divorcee with an illegitimate baby, 19 were for prospective adoption, 4 were seeking advice and 2 were putative fathers for interview. All but 5 of the unmarried mothers were accommodated at Greenbank Hospital for their confinements and the other 5 went to Northallerton Maternity Hospital.

Mrs. E. Featherstone, the Superintendent, has written as follows :

"The number of unmarried mothers in Darlington alone has shown an increase during the year, but all these girls have had to be accommodated in other towns as they did not want to remain in their home-town. On the other hand, a similar arrangement exists whereby Darlington gives accommodation for unmarried mothers normally resident in other places."

The reciprocal operation described by the Superintendent explains why the Darlington local health authority never ordinarily accepts financial responsibility for a Darlington woman with an illegitimate conception who is in some other area. No attempt is made to follow up those who come to Darlington in order to obtain maintenance from their home-towns, and a similar courtesy is expected in return.

§ 2. DOMICILIARY MIDWIFERY (Section 23)

During the year considerable changes took place in respect of the administration of the domiciliary midwifery service. As was noted in the Annual Report for 1957, when the Superintendent left in that year no successor was appointed and negotiations were put in operation to obtain the services of the Superintendent of the home nurses employed by the Darlington Queen's Nurses' Association to undertake a joint appointment. Miss C. Beckett was not at that time fully qualified to be appointed to such a post with the approval of the Central Midwives' Board, but suggestions were made as to how, by taking appropriate courses of instruction, she would be rendered eligible. These were arranged through the Queen's Institute of District Nursing and by the courtesy of the Health Department of the City of Newcastle upon

Tyne, to whose Medical Officer of Health and his staff this authority stands very gratefully in debt. Meanwhile, the Queen's Nurses' Association, which during the course of the year remained an independent body on an agency arrangement with the Corporation, considered the matter and decided to make Miss Beckett's services available. The appointment duly came into operation with effect from 1st April, 1958. The Queen's Nurses' Association considered that having regard to the extended responsibilities now devolving upon their Superintendent, the appointment of a Deputy, which was provided by the Approved Proposals under the National Health Service Act, was necessary and Miss M. Sykes was appointed to this post with effect from 23rd February, 1958.

For most of the year the work on the district was satisfactorily discharged by four whole-time midwives, the post of relief midwife remaining vacant until 17th November, when Mrs. W. Smith was appointed to fill it.

The Part II Training School remained in effective operation rather better than in some recent years, and eight pupils were accepted for training, all of whom were successful in passing their examination. A scheme also came into being whereby the local health authority accepted responsibility for providing domiciliary instruction for pupil midwives taking their Part II course at Greenbank Maternity Hospital. A good deal of negotiation had taken place between the authorities concerned over this scheme and at one point the question of amalgamation of training schools was mooted, but it was abandoned having regard to the advanced state of negotiations with the Queen's Nurses' Association for the joint appointment of Miss Beckett. Two pupils under this scheme were given their training during 1958 and at the end of the year there were enough applicants to keep the school at full stretch for the first half of 1959.

One of the characteristics of midwifery in Darlington is the very high proportion of confinements in hospital. The advantages of hospital confinement under present socio-economic conditions are very obvious, but one cannot help feeling that if the home environment were adequate, confinement there is the natural procedure, all medical factors being equal. There are a number of natural circumstances which may render hospital confinement preferable quite apart from any morbid complication of pregnancy or labour, such, for instance, as the first baby or the later pregnancies in women with large families. Your Medical Officer of Health feels that if a more rigid selection were undertaken in respect of admission to Greenbank, so that only those who had a sound case for hospital confinement on medical, physiological or socio-economic reasons, were accepted there, a larger share of work would fall on the district, to the long-term benefit of all concerned. In making this estimate he is not forgetting that the only people who really count in the issue are the mother, her child and her family, to whose benefit all questions of prestige and convenience must be subordinate. He also implies no criticism whatever of the services available at Greenbank Maternity Hospital.

During the year the total number of domiciliary confinements was 275. There were no maternal deaths, nor any incidence of morbidity to which attention needs to be drawn, and the work carried out is summarised as follows :

Gas and Air Analgesia :

	1955	1956	1957	1958
Number of patients using it	225	214	190	152
Percentage of total domiciliary confinements...	64	66	56	55

Pethidine :

Number of patients using it	135	108	94	86
Percentage of total domiciliary confinements...	38	33	28	31
Total domiciliary confinements	350	324	338	275

	Cases attended as Midwives		Cases attended as Maternity Nurses	
1950	...	290	...	141
1951	...	254	...	139
1952	...	270	...	64
1953	...	299	...	48
1954	...	310	...	45
1955	...	319	...	31
1956	...	282	...	42
1957	...	298	...	40
1958	...	253	...	22

§ 3. HEALTH VISITING (Section 24)

Your Superintendent Health Visitor, Miss E. Winch, has provided the following report on the work of the health visitors during 1958. Your Medical Officer of Health has nothing substantial to add to it, except perhaps to remind you of the application to preventive medicine of the old adage that a happy people has no history. The disease, the accident, the epidemic that never happens have no report, gain no glamour to physicians or surgeons, bring no thankfulness to the hearts of the people who have never suffered from them. At the same time, the saving in life, health and happiness of all concerned cannot be estimated because in every meaning of the word they are inestimable. It is in the light of this that Miss Winch's remarks, and indeed the whole of the contents of this Report, should be read.

"It becomes increasingly difficult to report on the work done during the year by the health visitors because apart from the statistics it does not present positive results. The standard of the health visitors' work in the prevention of illness and the promotion of health can only be truly assessed by negative results and this, of course, does not make a spectacular report.

"The health visitor's duties are increasing as an 'all purpose' family advisor and she is the link connecting up the families with the statutory and the voluntary services available. Sorting out these problems and enlisting the help of the suitable service is 'back-room' work because the credit, rightly so, goes to the particular services which have supplied the necessary help.

"The 'problem' families are our failures, but we do not treat them as such and the staff keep on trying and even the slightest response or improvement in these families is noted with enthusiasm.

"The geriatric visiting has not made much progress, but this is due to lack of staff. I feel that more voluntary work will have to be enlisted in the geriatric field to do daily visiting, shopping and odd jobs that occasionally are done by kind neighbours and friends. There are many cases where these small services are needed, but they are not supplied. It is the small things in life that make for happiness, especially in childhood and in old age. An organised voluntary service in streets or very small districts could supply this need.

"During the year, while visiting to assess the needs of geriatric patients for hospital accommodation, I found it necessary to report to the Medical Officer of Health that there appeared to be a need for a laundry service for incontinent patients who were being nursed at home and I understand that some line of action in this respect is being pursued.

"Apart from staff shortage, the establishment of health visitors compares very unfavourably with other County Boroughs in the north, but in spite of this I feel that nothing essential has been neglected."

The following Table shows the work of the health visitors during the year and the total number of visits may be compared with that of 18,332 which was the total number of visits in 1957 :

TABLE XVI
Work of Health Visitors

			<i>Total Visits</i>
Expectant mothers	...	...	456
Infants under 1 year	...	...	4,752
Children 1 to 2 years	...	...	2,826
Children 2 to 5 years	...	...	8,561
Miscellaneous Visits	...	...	1,151
Tuberculous Patients	...	...	1,040
			18,786

§ 4. HOME NURSING (Section 25)

There is nothing to add to the comments in last year's Annual Report upon the home nursing service during 1958, a most important development in the history of the service being appropriately reserved for next year's Report.

The Ministry of Health has asked for a comment under this heading as to whether the home nursing service can be said to have made a substantial difference to the number of patients admitted to hospital. If by this is implied an opinion as to whether fewer patients were admitted to hospital in 1958 than in previous years because of this service, or that a trend towards

fewer admissions is to be observed over recent years, then it must be admitted that the answer is in the negative. On the other hand, it can be stated with every confidence that were there no domiciliary nursing service the number of admissions to hospital would be greatly increased. As in previous years, much the largest number of patients, considerably more than 50%, were over 65 years of age and it is therefore in the later years of life when hospitalisation is most difficult to achieve, and the occupancy of beds a long-term affair, that the service shows its greatest usefulness.

TABLE XVII

Analysis of Patients and Visits Paid, 1949, 1954 and 1958

	Under 5			5-25			25-45		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	55	562	10	78	818	10	132	1,745	13
1954	11	86	8	52	1,028	20	189	3,397	18
1958	16	174	11	53	1,262	24	123	2,113	17
	45-65			Over 65			Total		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
1949	286	7,625	27	545	18,803	35	1,096	29,553	27
1954	319	8,933	28	690	23,319	34	1,261	36,763	29
1958	330	8,855	27	722	19,881	28	1,244	32,285	26

(1) = Number of patients.

(2) = Number of visits paid.

(3) = Average number of visits per patient.

TABLE XVIII

Analysis of Visits

	Under 5	5—25	25—45	45—65	Over 65	Total Cases	Total Visits
Infectious Diseases—							
All other than tuberculosis	—	1	1	2	1	5	59
Tuberculosis	—	5	13	22	1	41	2346
General Diseases—							
Cancer, all sites	—	3	4	34	32	73	2068
Diabetes	2	1	—	6	25	34	4161
Anaemia	—	1	7	17	50	75	1960
Diseases of the Alimentary system—							
Tonsillitis	—	3	3	2	1	9	40
Appendicitis	—	5	5	6	2	18	138
Constipation	4	3	8	26	76	117	946
Threadworms	—	1	—	—	—	1	4
Other diseases	3	10	13	19	29	74	1630
Diseases of the Circulatory system—							
Disorders of the heart, various	—	—	1	26	109	136	4090
After effects of Apoplexy	—	—	—	21	107	128	4027
Disease of Veins	—	—	—	3	8	11	629
Gangrene not due to Diabetes	—	—	—	—	6	6	176
Diseases of the Respiratory system—							
Bronchitis	4	4	13	64	88	173	1687
Pneumonia	—	—	5	12	10	27	232
Pleurisy and Empyema	—	—	1	2	1	4	33
Asthma	—	—	2	4	1	7	57
Diseases of the Central Nervous System	—	—	4	14	12	30	1470
Diseases of Locomotor System—							
Arthritis Deformans ...	—	—	2	4	21	27	1307
Diseases of Genito-Urinary system—							
Diseases of the Kidneys	—	—	3	—	—	3	9
Diseases of the Bladder, including Lavage	—	—	—	1	5	6	316
Abortion	—	4	6	—	—	10	90
Various Dressings, including Mastitis	—	6	11	5	11	33	334
Diseases of the Skin—							
Boils, Carbuncles and Septic Infections	1	2	12	12	15	42	752
Dermatitis and Eczema	—	—	—	2	2	4	21
Surgical Conditions—							
Burns and Scalds	1	1	1	—	2	5	52
Fractures and Injuries	—	1	2	7	11	21	490
Post-operative dressings	1	2	5	18	16	42	871
Minor Operations	—	—	1	—	3	4	683
Senility	—	—	—	1	76	77	1534
Unclassified	—	—	—	—	1	1	73
Total Cases	16	53	123	330	722	1244	—
Total Visits	174	1262	2113	8855	19881	—	32285

§ 5. VACCINATION AND IMMUNISATION (Section 26)

It is really unnecessary to use different words from last year's Report for the first paragraph under this heading, which describes the same scheme as has operated with only minor alterations over the last several years. The real problem is to persuade parents to bring their children for vaccination and immunisation against the various diseases where these procedures are relied upon to confer both individual and herd immunity. As the accompanying Tables show, a considerable proportion of both vaccinations and immunisations are carried out by general practitioners and a fee of 5s. is payable by the local health authority, not for the work as such, which is included as a routine duty in their National Health Service contract, but for sending a record to the Health Department. It is, of course, immaterial to your Medical Officer of Health whether the work is done in the Corporation clinics or in the surgeries of the practitioners; the important thing is that as large a proportion of children as possible should be protected. Parents are reminded by means of a Birthday Card if at the age of one year their child has not already been immunised against diphtheria, and a missive entitled "A Message from your Medical Officer of Health," is sent to parents of children who on attaining five months have not been vaccinated. The health visitors also conduct personal propaganda and this no doubt plays an important, perhaps the most important, part in persuasion, at least where the public health service is directly concerned. That the practitioners also undertake propaganda among their patients is undoubted.

Vaccination against Diphtheria and Whooping Cough

Unfortunately during the year 1958 an untoward setback occurred in the scheme for immunisation against these diseases. As you will remember, a good deal of publicity was given in the previous year to the observed relationship between inoculation with combined or alum-containing antigens and the development of paralytic poliomyelitis affecting the same limb. The argument hinges upon the belief that many people suffer from transient attacks of poliomyelitis so mild that nothing is ordinarily felt of them, but if an injury occurs at that time the course of the infection may be prejudiced and permanent paralysis supervene. Obviously under normal conditions this is likely to be excessively infrequent and hence a risk to be reasonably taken. Equally obviously, when an epidemic of poliomyelitis is on hand, the chance is by no means small. Somewhere between these extremes is the usual situation in the summer months when the infection of poliomyelitis is prevalent everywhere but not of epidemic size and the recommended policy of the Ministry of Health has been to adopt the cautious attitude and to interrupt the whooping cough—diphtheria prophylaxis scheme for at least the months of April to August inclusive. You decided to adopt this advice from your Medical Officer of Health and on your instructions an interruption of five months was made in immunisation by combined antigen. Practitioners in the town were informed of your policy in the matter but the action they took was left, of course, to their own discretion. As a result, the figures are notably worse for 1958 than for previous years, though these have never been really good.

If one could say that diphtheria was no longer a menace, then immunisation against it could be abandoned and whooping cough protection alone offered. Unfortunately this cannot be promised or even regarded as a reason-

able chance, as diphtheria, though now rare, still occurs and could spread very rapidly among an unprotected community. For the future, therefore, your Medical Officer of Health has asked you to leave the question of discontinuation during the summer or otherwise to his own discretion, on the assurance that he will interrupt the scheme if and when the local situation in respect of poliomyelitis appears to him to justify such suspension.

Primary Immunisation of Children under 15 years of age

			Local Authority Clinics	General Practitioners	Total
1949	...	...	841	238	1,079
1950	...	...	683	197	880
1951	...	...	742	251	993
1952	...	...	869	209	1,078
1953	...	...	827	197	1,024
1954	...	...	937	195	1,132
1955	...	...	875	159	1,034
1956	...	...	775	258	1,033
1957	...	...	777	259	1,036
1958	...	...	683	205	888

TABLE XIX

Immunisation against Diphtheria

	Full Course of Primary Immunisation			Reinforcing Injections		
	Health Department	General Practitioners	Total	Health Department	General Practitioners	Total
Under 5 years ...	509	200	709	510	33	543
5 to 14 years ...	174	5	179	493	46	539
TOTALS ...	683	205	888	1003	79	1082

TABLE XX

Vaccination against Smallpox

		Age at date of Vaccination					
		Under 1	1	2—4	5—14	15 or over	Total
Health Department	Vaccinated ...	261	2	22	10	8	303
	Re-vaccinated ...	—	—	—	2	17	19
General Practitioners	Vaccinated ...	150	6	11	18	50	235
	Re-vaccinated ...	—	1	1	7	75	84
	TOTALS ...	411	9	34	37	150	641

TABLE XXI

Immunisation and Vaccination : Comparative Figures

	1951	1952	1953	1954	1955	1956	1957	1958
Immunisation, Children under 5 years	860	827	725	875	821	855	824	709
Immunisation, Children 5—14 years	133	251	299	257	213	178	212	179
Vaccination, Children under 5 years	201	219	304	264	221	297	392	454

TABLE XXII

Immunisation against Whooping Cough

	Age at date of final injection			Total
	Under 1 year.	1—4 years.	5—14 years.	
Health Department	399	105	174	678
General Practitioners	137	55	5	197
TOTAL	536	160	179	875

Vaccination against Poliomyelitis

This note should be read in continuity with the account under this heading on pp. 42 and 43 of the Annual Report for 1957. The scheme already in operation was expanded during 1958 to include in eligibility everyone born in 1933 and later as well as the other privileged adult groups such as expectant mothers, doctors, nurses and their families. Also the vaccine itself became in better supply, though the laborious method of returns to the Ministry to obtain more of it still required to be made. The following Table shows the totals vaccinated up to the end of the year. Comparatively speaking the response has been poor though the normal means of bringing availability of vaccination to the notice of the public have been employed, including, of course, propaganda through the "groups" (p. 49). All practitioners have been invited to co-operate and are doing so, though perhaps to a less extent than might have been hoped and expected.

The Ministry of Health remarked on the small total of vaccinations relative to population during the year, to which it was only possible to reply that the people of Darlington showed rather less than the national average of enthusiasm for projects of this kind and that they had exhibited towards protection against poliomyelitis much the same attitude as they had shown and were showing in respect of protection against smallpox, diphtheria and

whooping cough. Where the general practitioners are concerned, your Medical Officer of Health cannot help feeling that a more direct method of obtaining the vaccine "on demand" and without the need for previous registration might encourage them to participate more fully. The Health Department would still be in the picture thanks to the returns of vaccination made to it, for which a fee of 5s. per patient is payable.

TABLE XXIII

Poliomyelitis Vaccination

Class	Local Authority Clinic	General Practitioners	Total
Children born 1943-1958	2,381	1,366	3,747
Young persons born 1933-1942 ...	25	45	70
Expectant Mothers	39	13	52
General Practitioners and their families	10	20	30
Ambulance Staff and families ...	—	—	—
Hospital Staff	—	4	4
TOTAL	2,455	1,448	3,903
Third Injections	1,486	6	1,492

Inoculations against Tropical Diseases

Facilities for the protective inoculations recommended to those travelling abroad, which were first made available at the Health Department in January, 1950, have been continued.

In all, 46 inoculations were given, details of which are as follows :

Typhoid and Paratyphoid (T.A.B.)	... ..	25
Cholera	... ..	12
Tetanus	... ..	9

Yellow Fever inoculations are obtained by appointment at the Central Clinical Laboratory, Middlesbrough.

§ 6. AMBULANCE SERVICE (Section 27)

This service is administered as an agency on behalf of the Health Committee by the Fire Department. The patients carried and mileage covered during the ten completed calendar years since the Appointed Day are as follows :

			Number of Patients	Mileage
1949	...	...	18,239	112,462
1950	...	...	20,447	100,502
1951	...	...	20,753	114,324
1952	...	...	20,564	107,154
1953	...	...	23,706	125,265
1954	...	...	26,338	121,269
1955	...	...	29,278	132,921
1956	...	...	28,717	125,495
1957	...	...	29,062	124,492
1958	...	...	28,135	132,558

Public means of transport are recommended where possible but the majority of doctors prefer to issue certificates for their patients to travel by ambulance when it is necessary for them to go to some hospital outside Darlington for special treatment. The question of the possible abuse of the ambulance service remains always under consideration. In the first place this is an amenity for which the local health authority pays, but which is in effect completely controlled by the hospitals and by the general practitioners. In other words, here is an example of he who pays the piper not calling the tune. At various times suggestions have been made that the ambulances should pass to the control of the hospital authorities and logically this would seem a proper step, since they are almost entirely employed in transporting patients to and from hospital and they have nothing to do with preventive medicine and very little with community care and rehabilitation. It might be said in fact that the only service discharged by your ambulances on your own behalf is the conveyance of crippled patients to the handicraft centre, which must obviously take second place where emergencies of acute sickness or accident supervene. Under the efficient management of the Chief Officer of your Fire Brigade, and thanks to his staffing arrangements, your Health Department is entirely relieved of all administrative responsibility for the ambulance service and here is an example of an agency which your Medical Officer of Health has no desire to see determined.

Your Medical Officer of Health acknowledges that the above paragraphs are identical with those of last year except that the figures have been brought up to date. He does not, however, think that he can comment more aptly than this upon the matter in hand.

§ 7. PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis

No change was to be observed during 1958 in respect of the general arrangements whereby the local health authority discharged its obligation

under the National Health Service Act to provide community care for tuberculous patients. The Chest Physicians, Dr. Gilbert Walker and Dr. D. P. Degenhardt, continued to give that enthusiastic and efficient co-operation you have long learned to expect from them. The other executive duties were discharged by the Darlington Tuberculosis Care Committee, at whose meetings Dr. Degenhardt was a regular attendant, and which consists of members of the Council and persons appointed to represent certain voluntary public bodies. The Honorary Secretary continued to be the Medical Officer of Health, though Mr. I. Burnley, Assistant Secretary and a member of the clerical staff of your department, did most of the administrative work. Other members of your staff, Miss E. Winch, Miss A. Thornton and Mr. D. J. Whalley, also attended the meetings and the Chief Welfare Officer, Mr. A. G. Clarkson, was the Honorary Treasurer. The integration of this voluntary body with the work of the Council can be seen to be completed. All tuberculous patients resident in Darlington are allocated among the members of the Committee, who each take a Ward of the town and are responsible to pay if possible not less than one monthly visit to each patient and to bring any changes in their social circumstances to the notice of the Committee. Each patient is also visited by Miss Thornton, your Tuberculosis Health Visitor, in the course of her duties and by the Chest Physicians as and when occasion arises. The Committee has continued to allocate extra nutrition, usually in the form of milk, to patients on its list, accepting in the first place the recommendation of the Chest Physician, as confirmed and subsequently renewed by himself and the Ward Visitor. Sometimes, where special need arises, clothes and bedding have been made available from Committee funds, though in the former instance a voluntary organisation such as the W.V.S. is often able to provide. The value of the Committee's work is, however, more than material, since the patients are reminded by the visits of the members that they are remembered and that their welfare is important to more than members of their own immediate circle. One would like to see an extension of such a care service to certain other sections of the community such as the aged and the mentally ill.

In accordance with the general policy of the Chest and Heart Association during 1958, the Committee extended its interest with the consent of the local health authority to persons suffering from other chronic diseases of the chest. It was thought inappropriate at this time to widen the range to include cardiac cripples also, but sufferers from chronic bronchitis and emphysema, bronchiectasis, asthma and cancer of the lung were accepted as eligible and a certain number were included in receipt of benefit. The funds of the Committee derive from a number of sources including subscriptions from firms and organisations in the town, a Flag Day and the sale of Christmas seals. Over the latter a certain difference of opinion arose with the Chest and Heart Association, precipitated by the somewhat competitive and undisciplined action of a number of groups to cash in on the Christmas seal principle. This, however, is hardly a matter that should receive detailed discussion in these pages.

Illness Generally

The Handicraft Centre, North Road, continues to share the premises originally designed as a day nursery with the Occupation Centre and operates in the same manner and with the same staff as in previous years. As will

be seen, the numbers attending remain fairly constant, but a need is felt to find other accommodation, partly for the benefit of the Handicraft Centre itself and partly to give more room for the development and expansion of the Occupation Centre. No steps, however, were made along these lines in 1958. Mr. D. J. Whalley is your handicraft instructor and Mrs. M. Hewson assists him on a whole-time basis; that is to say, Mrs. Hewson is a whole-time employee of the Corporation, but she gives ten hours per week to the service of the Welfare Department, so that the Handicraft Centre benefits less by her help than might appear at first sight. The scheme of help in the home has also been continued, as the figures show below. From time to time an effort is made to extend the knowledge of the amenities available at the Handicraft Centre among the general practitioners of Darlington, as it is felt that the fullest possible use is not being made of all it can offer. This is without prejudice to the earlier comment on advisability of other accommodation, since the first need is to discover the real size of the population who could benefit from this service. A few additional names are sent in from time to time and are duly visited by the instructor and catered for in accordance with their case. In spite of this, however, the numbers in 1958 showed a decline of 6 on those of 1957.

A note was made in the Report for last year on certain financial limitations that prevented, it was thought, the trial of other projects in handiwork. This problem was explored during the year and found to be less than had been anticipated. It will be noted that a few additional items are shown among the handicrafts practised, thirteen headings as distinct from nine in 1957. Patients are also encouraged to pursue more than one activity. The work of the service may be summarised as follows :

Attendance

Men	...	...	...	...	...	...	...	42
Women	...	...	...	...	...	...	...	33
Attending centre only	...	...	...	...	...	...	...	45
Assisted at home only	...	...	...	...	...	...	...	22
Both at centre and home	...	...	...	...	...	...	...	11

Disabilities of Patients

Suffering from pulmonary tuberculosis	...	...	...	...	...	...	19
Diseases of chest, not tuberculous	...	...	...	...	...	...	1
Tuberculosis of bones and joints	...	...	...	...	...	...	2
Arthritis deformans	...	...	...	...	...	...	11
Amputations and after-effects of operations and injuries	...	...	...	...	...	...	13
Diseases of heart and blood vessels	...	...	...	...	...	...	7
Diseases of the central nervous system	...	...	...	...	...	...	8
Epilepsy	...	...	...	...	...	...	3
Psychosis	...	...	...	...	...	...	3
General debility	...	...	...	...	...	...	10
Mental deficiency	...	...	...	...	...	...	12

Handicrafts

Canework, cane chairs, baskets, etc.	...	...	29
Chair and stool seating	...	...	8
Leather-work and shoe-repairing	...	...	2
Woodwork and brush-making	...	...	3
Lampshade-making and plastics	...	...	2
Artificial flowers	...	...	1
Toy-making and felt-work	...	...	2
Tapestry and embroidery	...	...	7
Knitting, sewing and crochet	...	...	7
Dressmaking	...	...	5
Rug-making and repairs to mats	...	...	7
Weaving	...	...	7
General interests	...	...	7

The activities pursued by the mentally defective patients are not included in the above analysis.

The Health Committee continues to be associated with voluntary organisations, the Infantile Paralysis Fellowship and the Darlington Spastics Society, as described last year. Both of them carry out useful work and the former has a quite large population of clients, some of whom remain severely paralysed as a result of past polionmyelitis. The number of spastics properly so called in Darlington remains, fortunately, small. The sphere of activity of these voluntary societies does not in fact intersect with that of the Handicraft Centre to any appreciable extent.

§ 8. DOMESTIC HELP (Section 29)

The administration of this service continued during the year without any change or occasion to direct special attention to it. At the same time your Medical Officer of Health has continued to consider the question asked in previous reports as to whether the needs of the town are being adequately met by the service you provide under this heading. In the absence of any complaint there does not seem to be any reason to expect other than a satisfactory answer, but a short comment on some comparative facts and figures may not be out of place. The following Table summarises in the same form as during the last three years the work undertaken and figures for 1957, 1956 and 1955 are appended for comparative purposes.

TABLE XXIV

Type of Case	1958		1957	1956	1955
	Number of Cases	Hours Worked	Number of Cases	Number of Cases	Number of Cases
Maternity (including expectant mothers) ...	37	1,914½	38	32	38
Tuberculosis	4	223	6	7	7
Chronic sick (including aged and infirm)	387	45,071¾	360	350	364
Others	61	2,626¾	75	52	47
Total ...	489	49,836	479	441	456

It will be noted that the numbers of cases assisted, both in total and broken down under the four headings, remain very constant, the chronic sick including aged and infirm taking up very much the major part of the time expended. During the years prior to 1955 the records were not kept in quite the same way and it is only possible to give comparative total figures. These are, 1954—420, 1953—409, 1952—434, 1951—453, 1950—529 and 1949—496. These give an average figure of 460 households per annum during the last ten years. It is quite evident that nothing has happened either to increase or to diminish demand to a significant extent during this period, but as the number of helps employed, whole-time and part-time, remains fairly constant from year to year, it is possible to interpret the statistics as representing the amount of work that can be done by the service you are prepared to provide rather than the amount of work available to do.

In connection with the report on the staffing and establishment of the Health Department, to which reference is made in the introductory letter, the eighteen comparable authorities provided some valuable information about their own home help service and a very wide scatter in the number of helps employed was shown, as also in the grading of the administrative staff provided to look after it. To deal with this last item first, Darlington and Southport were alone in not employing an Organiser and in Southport this work was undertaken by the Non-medical Supervisor of Midwives. Your Assistant Organiser, Miss A. Lumb, remained, as it were, unrelated to a superior officer while still lacking this title for herself. Five of the comparable authorities employed an Assistant as well as an Organiser. Most of the authorities made use of both whole-time and part-time helps and it was something of a problem to reduce the figures to some comparable factor. This has been done by the following mathematical process. Each whole-time help was regarded as equivalent to two-and-a-half part-time workers and the latter were reduced accordingly to their comparable whole-time figure. The total of whole-time home helps so calculated was then divided by the thousands of population. Thus Darlington, with 7 whole-time and 32 part-time helps, was found to employ by this process the equivalent of 20 whole-timers, which number divided by 83 for thousands of population gave a comparability factor of 0.24. The results were as follows :

Rotherham	...	1.04	Carlisle	...	0.36
West Hartlepool	...	0.67	Southport	...	0.33
Barnsley	...	0.60	Warrington	...	0.31
Doncaster	...	0.58	Bath	...	0.30
Burnley	...	0.56	West Bromwich	...	0.29
Smethwick	...	0.49	Exeter	...	0.25
Grimsby	...	0.45	Darlington	...	0.241
Rochdale	...	0.41	Halifax	...	0.237
Wigan	...	0.37	Bootle	...	0.11

It will be noticed that Darlington is very near the bottom of the list. Once again I hesitate to draw any conclusion from this position, since authorities with high factors, especially when this is due to a large number of part-time helpers, may have unusual terms of employment whereby a relative or friend of a patient can be temporarily put on the roll of the local authority and thus counted at the end of the year as a part-time worker. Again, your Medical Officer of Health knows from personal experience that there is no

lack of amenity in the County Borough of Bootle, which is at the bottom of the list, where possibly family feeling and good neighbourliness substitute for a publicly provided service. There is obviously no advantage to be gained by increasing establishment and expense merely to compare favourably with others if no actual need exists to do so, but your Medical Officer of Health has sometimes wondered when studying the returns made from the geriatric service (see page 51) whether more opportunity does not exist than is met at present and you may be sure that he is giving and will give attention to this matter.

§ 9. MENTAL HEALTH SERVICE (Section 51)

During 1958 a good deal of thought was given in the country generally to the Report of the Royal Commission on the law relating to mental illness and mental deficiency which was published in 1957. A fairly complete revision of the law in respect of the disposal, hospital treatment and community care of mentally ill and defective persons was anticipated, although in fact no preliminary action was taken by the government in this respect during the year in question. It was appreciated that if the law as eventually formulated gave effect to some of the outstanding recommendations of the Commission's report considerable extension of available premises and increase of staff, with consequent enlarged expenditure, would be necessary. In point of fact, however, during 1958 no change took place in local administrative methods.

Your two Mental Welfare Officers continued to give as much domiciliary after-care as their time allowed to patients discharged from Winterton Hospital or who were known to be of unsound mind and potentially admissible, together, of course, with their onerous duties in connection with ascertainment and disposal of patients in need of hospital treatment and their other commitments in connection with the mentally defective. A change in pattern of procedure from the medical point of view increased their liabilities since immediate certification under Section 16 of the Lunacy Act, in anticipation of likely new policy, was more and more neglected in preference to voluntary admission (Mental Treatment Act, Section 1) and admission for short-term observation (Lunacy Acts, Sections 20 and 21). As there are no designated beds under this second heading in Darlington, procedure here has entailed regular frequent journeys to West Hartlepool by your officers, and the consequent expense of time. There is nothing, however, to be done about this increased administrative difficulty as it hinges upon a greater use made by the practitioners of the town of the services of the Consultant Psychiatrist in domiciliary consultation.

Relations between the Consultant Psychiatrist allocated to the Darlington District of the Winterton Hospital catchment area, Dr. G. M. Gibb, with your officers have remained, as hitherto, most cordial and co-operative. A great improvement here would be obtained if it were possible for your officers to pay regular visits to Winterton Hospital to keep in touch with patients while they were under treatment there and the Medical Superintendent, Dr. G. E. Duggan-Keen, and Dr. Gibb would be most willing to develop the care service along similar lines to that already available for tuberculous and other patients suffering from respiratory diseases, but as time does not permit the regular visits to hospital and other visits at home that are essential for such a scheme to be effective, no steps towards any new departure have been

attempted. This is something that ought to be done and could be done, but only with better facilities provided by the local health authority. One undoubted problem in this as in other branches of your service arises from deficient office accommodation. As Mr. Price and Mr. McAulay become better known in the town, and the service they are doing better appreciated, so more and more people come to seek their advice in consultation. The available accommodation is such, however, that only one extremely meagre office is available for them both and attempts to provide another office have been unsuccessful on account of the need to retain the proposed room for storage purposes.

Turning now to the service for the mental defective, the year showed an advance by the appointment of Mrs. G. E. Sullivan as additional welfare worker at the Occupation Centre. It is now possible to provide separate classes for the various capacities and the two sexes of the persons attending and as further efforts have been made during the year to increase amenities in accordance with recommendations made by the Ministry of Health, and as the Darlington branch of the Friends of Mentally Handicapped Children has continued its benevolent activities, the standard of provision there has shown a steady improvement. An index of this may be that during 1958 no adverse report was received from the Board of Control section of the Ministry of Health. At the same time, some problems remained outstanding even without the additional commitments foreshadowed in the Report of the Royal Commission. The age range of those in attendance extends from over 40 to children of 5 years old, and both sexes are represented within this wide scatter. Some continued apprehension is felt and has been expressed by members of the Committee over possible untoward eventualities arising from this circumstance, especially having regard to the undeveloped mental state of the persons concerned. Separate accommodation for older users is certainly a high priority. The men and older boys are instructed on two afternoons per week by your handicraft instructor, but this, of course, though something, is not a sufficient answer.

In addition to the good relations maintained with Winterton Hospital, a similar satisfactory state of affairs exists with the medical and administrative staff of Aycliffe Hospital, and also with Prudhoe and Monkton Hospital. Nothing but kindness and co-operation is to be reported from these fields, but unfortunately lack of in-patient accommodation means that a number of low-grade patients remain at home who might with greater advantage to themselves and to their families be in receipt of institutional care.

The work of the year is summarised in the following Tables.

Lunacy and Mental Treatment Acts, 1890-1930

		1955	1956	1957	1958
Patients dealt with under Section 1,					
Mental Treatment Act (Voluntary Patients)	...	92	98	118	135
Patients dealt with under Section 5,					
Mental Treatment Act (Temporary Patients)	...	2	3	5	13
Patients dealt with under Section 6,					
Lunacy Act (Petition)	... ..	—	—	—	—

	1955	1956	1957	1958
Patients dealt with under Section 11, Lunacy Act (Urgency Order)	3	2	1	1
Patients dealt with under Section 15, Lunacy Act (Certification)	1	—	1	—
Patients dealt with under Section 16, Lunacy Act (Certified Patients)	34	35	30	22
Patients dealt with under Section 20, Lunacy Act	4	5	10	21
Patients dealt with under Section 21, Lunacy Act	2	1	—	—
Patients dealt with under Section 55, Lunacy Act	—	—	2	—
Patients dealt with under Section 4, Criminal Justice Act	1	—	—	—
Patients dealt with under Section 24, Criminal Justice Act	—	—	1	—
Patients dealt with under Section 30, Magistrates Court Act	—	—	2	1
Other Patients (not certified, transferred, etc.) ...	31	26	24	54

Mental Deficiency Acts, 1913-1938

	1955	1956	1957	1958
Mentally Defective persons ascertained	15	25	19	20
Mentally Defective persons awaiting vacancies in institutions at end of year	20	14	14	13
Mentally Defective persons under guardianship ...	2	2	1	2
Mentally Defective persons under statutory supervision	98	101	106	114
In training :				
At Home	—	—	—	—
At Occupation Centre	32	39	43	45

PART IV

National Assistance Act, 1948 (Part III)

The association between the Health and Welfare Departments of the Corporation remains close and friendly, your Medical Officer of Health acting as medical adviser to the Welfare Committee and your Assistant Medical Officer of Health, Dr. J. F. Bishop, attending its meetings. One of the important spheres where such co-operation expresses itself in practical action is in respect of a medical opinion concerning new admissions to Part III accommodation. Theoretically, of course, medical considerations are not involved in this matter, except perhaps to exclude from welfare accommodation patients whose needs are severe enough to require hospital treatment. On the other hand, where demand for accommodation is likely to be in excess of its availability, a medical contribution to the total sociological assessment of each case is to be welcomed as an additional insurance that the most needy shall have the highest priority. During the year ending 31st December, 1958, your Assistant Medical Officer of Health made a recommendation in support of 22 admissions while the applicants' own doctors made recommendations in other cases.

Another function of the welfare services in which the Health Department retains a special interest is the community care of the blind. The following statistics reflect the situation in 1958.

TABLE XXV

Age Distribution of Blind Persons in Darlington

	Under 15	15—39	40—59	60—64	65—69	Over 70	TOTAL
Men	2	3	12	6	1	23	47
Women	1	3	9	4	10	42	69
TOTAL ...	3	6	21	10	11	65	116

PART V.

Growing Points

§ 1. HEALTH EDUCATION

Perhaps the most considerable project dealt with in the context of health education was the relationship of smoking to cancer and some propaganda to discourage young people from beginning the habit. The Ministry of Health encouraged local authorities to take action in this matter and the Central Council for Health Education produced publicity material. A rather striking poster showing a cigarette whose smoke formed the word 'Cancer' was obtained from this source and exhibited, particularly in senior schools, and a bookmark with the same device was distributed from the Library. Your Medical Officer of Health believes that young people are well advised not to smoke, but he is of the opinion that too intense a concentration on the possible effects of tobacco in the cause of cancer of the lung may divert attention from the wider problem of which it is only a part, clean air. A very great deal of health education propaganda will be necessary to give you readily available smokeless fuels, and gas and electricity as cheap as possible, to divert the British mind from the open coal fire. Since the days of cheap and plentiful coal during the nineteenth century, the hearth with a fire in it has become very much the focal point of the typical British living-room and the substitution of some other form of heating and of another psychological focus will need persistent indoctrination and co-operation from all parties concerned, including of course architects and designers of domestic fixtures.

Your Medical Officer of Health is very glad to say that the 'Home Nursing for Housewives' scheme which has been described in several previous Reports, has continued to bear fruit and three courses of instruction were given to housewives by your Superintendent Health Visitor, Miss E. Winch, assisted by members of her staff on three occasions. These were 5th February to 12th March, 6th February to 13th March and 16th April to 21st May. As you will see from the titles of lectures given by Miss Winch, she is keeping the matter well before the wives and mothers of Darlington.

The usual programme of talks on subjects of health interest was continued, as shown in the list overleaf, and two bulletins were issued to the 75 groups on the distribution list. Public relations all round, and especially those with the local press, remained good and your Medical Officer of Health would like to pay tribute to the readiness with which reporters accept items for publication "Under the Town Clock" or otherwise and on their part come to him with matters of public health interest for his comment and opinion. Only over the issue of fluoridation a few years ago were the Health Department and local newspapers ever at cross purposes.

Talks and Lectures

Date	Association	Subject	Speaker
Jan. 15	Friends of Mentally Handicapped Children	Brains Trust	Dr. Walker
Jan. 21	Greenbank Young People's Guild	Community Care of the Mentally Handicapped	Mr. Price
Jan. 28	Darlington Branch of National Council of Women	Work of the Health Dept.	Dr. Walker
Jan. 28	North Road Senior Girls' P.T.A.	Influenza	Dr. Walker
Feb. 6	Pierremont Townswomen's Guild	The Work of a Public Health Inspector ...	Mr. Ward
Feb. 11	Harrowgate Hill P.T.A.	Brains Trust—Care and Welfare of Children ...	Miss Winch
Mar. 18	Bondgate Methodist Men's Fire- side	Tuberculosis	Dr. Walker
Apr. 10	St. Hilda's Mothers' Union ...	Home Nursing	Miss Winch
May 13	Firth Moor P.T.A.	Brains Trust	Miss Winch
Sept. 10	Cockerton Co-operative Women's Guild	The Work of a Public Health Inspector ...	Mr. Ward
Sept. 16	Haughton P.T.A.	Home Nursing	Miss Winch
Oct. 28	Cockerton Townswomen's Guild...	Accidents in the Home ...	Miss Winch
Nov. 10	Technical School P.T.A.	B.C.G. and Vaccination against Poliomyelitis	Dr. Walker
Dec. 10	Albert Road Women's Guild ...	Children who will never grow up	Mr. Price

Bulletins

No. 38 Aug. 29 Accidents in the Home

No. 39 Oct. 4 Foot Hygiene and Poliomyelitis

§ 2. GERIATRICS

During the year your Superintendent Health Visitor, Miss E. Winch, continued her task of co-ordination for admission to East Haven Hospital of elderly and chronic sick patients, as in previous years. This work, as has already been pointed out, seems to provide an excellent example of co-operation between the three branches of the National Health Service, since Miss Winch is informed of the patients at need by the admissions bureau at the Darlington Memorial Hospital, which arranges for admission to all hospitals of the group, and her subsequent visit and recommendation is fully approved by the practitioner in charge of the patient. Sometimes cases in need are brought to the attention of the Health Department in the first instance by the practitioner, but no action is taken under the scheme until contact has been made with the admissions bureau and the patient duly accepted on the waiting list. Occasionally reference is made to a patient by an interested friend on account of delay in admission to hospital, but further enquiry nearly always shows that a vacancy is almost at once available and the problem of a long wait after a recommendation of priority has been made very rarely arises.

So far there has been no opportunity to develop what may be called a conservancy side of this service, whereby when an elderly person is admitted to hospital steps are taken to ensure that a place is kept or made available for her to return to at home. This question is bound up with the more general problem of a comprehensive home visiting scheme of elderly persons, to which reference is made again below.

The work of the year may be summarised in the following Tables. A discrepancy in the total numbers given is easily explained because in certain cases the matter under review (e.g., age or married state) is not included among the particulars on the case sheet. The notes from which the information is derived are, of course, made by Miss Winch at the time of her visit and are always directed towards the practical end of helping the patient.

TABLE XXVI

Diagnoses	Male	Female	Total
Diseases of blood vessels (including cerebral vascular accidents)	13	25	38
Myocardial degeneration	4	8	12
Chronic lung disease	5	2	7
Cancer, all sites	4	6	10
Diseases and injuries of bones and joints	—	9	9
Other conditions, including acute illnesses	6	8	14
Senility	17	23	40
Total Cases Investigated	49	81	130

(Where more than one morbid condition was reported, the more important is recorded above.)

Actually visits were paid to 135 individual patients, but 5 of them have not been included in the scheme as no occasion for any sort of action or significant detail arose in respect of them. This total figure is in excess of the 78 patients investigated in 1957 and the 111 in 1956. As the scheme has been well established for some years, such increase is likely to represent a real extension of demand.

TABLE XXVII
Age and Sex Distribution

	Under 60		60-70		70-80		80+	
	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
Men (80 patients) ...	2	2.5	9	11.2	21	26.3	48	60.0
Women (125 patients)	6	4.8	11	8.8	30	24.0	78	62.4
Total persons (205 patients) ...	8	3.9	20	9.7	51	24.9	126	61.5

The social conditions under which the patients were living showed much the same distribution as in previous years and the following Table carries also the combined figures for the years 1953/57 inclusive and an average for all six years.

TABLE XXVIII

	1958	1953-1957 inclusive	Average for six years
Living in very superior circumstances ...	1	16	3
Living in superior circumstances ...	26	118	24
Living in average circumstances ...	73	334	68
Living in below average housing conditions	25	134	27

These findings show a remarkable constancy of distribution from year to year, but while they indicate that persons in apparently more comfortable circumstances are equally likely to find themselves in need of hospital treatment in old age and chronic sickness with those less satisfactorily circumstanced, definite conclusions are difficult to reach without a more detailed knowledge than this department possesses of the distribution of total population among the categories named.

TABLE XXIX

	Male	Female	Total
Care adequate but cannot be maintained	23	40	68
Care adequate except for nursing ability	4	5	9
Care generally inadequate	4	22	26
District nurse in attendance	17	33	50
Home help in attendance	4	12	16
Hospital priority recommended	31	55	86
Suitable for Part III Welfare accommodation ..	1	2	3

The social status of patients in respect of marriage has again been extracted and is shown in the following Table, whereby it is apparent that the number of patients who are widowed or separated constitute much the largest group among women, though not among men. As usual, the number of female patients outnumbers that of males, due partly no doubt to the greater number of women who reach their eighth and ninth decade, with consequent widowhood and lack of adequate care. This does not necessarily imply wilful neglect on the part of children and may often mean that these are simply unable to give the care required.

TABLE XXX

	Men	Women	Total
Married	20	22	42
Widowed or separated ...	18	45	63
Single	5	14	19
TOTAL ...	43	81	124

The 12 worst cases have been selected from among the list and short notes on each may not be out of place as showing the sort of problem with which a geriatric care service will be faced in every community.

Case 1.—Female aged 82. Stroke. Married but husband too ill to look after her. They sleep “rough” in the living-room, patient has urinary incontinence and the house is offensive. She and her husband both personally dirty in a home cluttered with useless furniture and knick-knacks.

Case 2.—Female aged 70. Senility and cardiac failure. A single woman living alone in poor and dirty home conditions.

- Case 3.**—Female aged 77. Stroke and blind. Married but husband is unable to cope. She is confined to bed, is incontinent and has bed sores. Home conditions are in a very poor state.
- Case 4.**—Female aged 78. Arterial disease. A widow looked after by a daughter who is herself an invalid. Home conditions are poor and dirty.
- Case 5.**—Female aged 78. Senility. A married woman whose husband is unable to cope. Looked after by son living in other part of town. Lies on couch in sitting-room and both house and patient neglected. She suffers from persistent vomiting.
- Case 6.**—Female aged 58. Stroke with loss of speech. A widow living alone whose only aid is the district nurse and the casual help of neighbours.
- Case 7.**—Female aged 75. Cancer. A single woman living quite alone except for help of neighbours. She needs nursing care which they cannot give.
- Case 8.**—Female aged 80. Pernicious anaemia. A widow living quite alone and unable to look after herself owing to frequent falls. Had refused home help.
- Case 9.**—Female aged 67. Senility. A widow who is deaf and confused. Had been lying in road before she took to her bed. Married daughter not giving help and patient alone in what are described as appalling conditions.
- Cases 10 & 11.** Male aged 84 and female 76. Rheumatism (man) and senility (woman). A married couple living entirely in one room in filthy conditions. Circumstances are so deplorable that a comprehensive assessment of physical needs was impossible.
- Case 12.**—Female aged 83. Bronchitis and failing heart. A widow confined to bed and alone at night. Such loneliness aggravates her condition.

In these 12 cases a district nurse was in attendance in 5 and a home help in only 2. It is, however, to be noted that in one case specific information about the refusal of home help is available and this may well have occurred more often.

Such adverse findings point to the need for a regular geriatric visiting service which in the opinion of your Medical Officer of Health should be primarily in the hands of the health visitors. The unhappy situations described above are in most cases the end stage of a long decline and attention somewhere earlier in the story might have provided aid when it would have been more useful and perhaps averted even the need for hospital treatment. Under such a scheme the health visitor would, of course, not work in isolation, but in co-operation with other branches of the Health Department, particularly the home help service, which on the whole seems hardly to be used as well as it might in these cases, with the Welfare Department and voluntary organisations of all kinds.

§ 3. PRESERVATION OF FAMILY LIFE

A further note is appended under this heading, though again not specifically asked for by the Ministry of Health, to maintain continuity with recent past reports and to permit an annotation upon an aspect of co-operation between various departments of the local authority that might not otherwise find space for record. Whereas the preservation of family life is a primary concern of several of the personal services of the Health Department, the particular circumstances of unsatisfactory families may well involve a good deal of interest from other departments as well. The Education Department, for instance, endeavours to remedy the notoriously bad school attendance of the children of such families and may also find cause for complaint in their habitual uncleanness, the Housing Department is interested in arrears of rent and also in the poor state of the Corporation property in which such people are sometimes accommodated, the Children's Officer is often involved in problems of care, as is also the Child Guidance Clinic, and the Welfare Department is often interested, somewhat more remotely. Outside the Corporation, the National Assistance Board, the National Society for the Prevention of Cruelty to Children, the Probation Officers and the Police have all their part and during the year the Co-ordinating Committee met at monthly intervals under the Chairmanship of the Town Clerk to review some of the hard cases of this kind in the town. In looking through the Minutes of this Committee one must be struck by the number of times the same names recur and the high incidence of relapse, when after a period of apparent improvement the same family comes to notice again as bad as ever. Thus, although the pooling of information and the policy decided as to how best to apply the various services available is helpful in some instances, it must be admitted that the deliberations of the Committee have undoubtedly revealed a hard core of resistant humanity for whom little can be done.

Various proposals have been made as to how best to deal with a situation that is common to all societies. Dr. Quiroga of Amsterdam, for instance, has sponsored a plan which his authority has adopted for reducing such people to the status of minors at law and putting them in a special colony under the supervision of the Health Department, which is armed with plenary powers to deal with them. The families are, however, kept together. On paper this seems an excellent scheme, but as your Medical Officer of Health had not heard of its being repeated elsewhere, e.g., in other Dutch cities, it may be more impracticable than it sounds. A scheme that has commended itself quite widely in this country is to make use of the Family Service Unit, a body of people who first arose during the 1939/45 war among pacifists and who later have included those with all points of view but are united in their desire to give practical service to the unfortunate. Such units, each of which consists of three workers, one of whom is the organiser, devote themselves to the unsatisfactory families to whom they are posted (one unit can accept responsibility for about 40 families) and endeavour by practical example to show them how to manage their personal affairs. The chaotic house is first of all straightened up and then the housewife instructed in maintenance and in the outlay of her family budget. In certain cases there is no doubt that very good results have been obtained, but the Family Service Unit is unable to effect any improvement among those whose intelligence is incapable of profiting by example, or, a much more intractable group, those who have no goodwill towards their own amendment. An approach was made to the

Health Department on behalf of the Darlington Rotary Club during 1958, as to the possibility of employing a service unit in the town. There might not be enough work to occupy the unit in Darlington alone and no conclusion was reached about it at the end of the year. A somewhat wry reflection from all this is that an enormous amount of devotion and energy are expended upon a small section of the community, whose desire for it is small and whose response to it often negligible. This perhaps is an inevitability of the Welfare State and in certain contexts has the highest recommendations. At the same time, from an actuarial point of view there may seem small return for considerable outlay.

§ 4. ACCIDENTS IN THE HOME

Only 15 incidents were reported upon in detail by health visitors during the year and this is too small a number from which to draw any valid conclusions. It is probable that it represents only a small proportion of the total number of accidents during the period under review, many of which for one reason or another fail to reach the attention of the health visitor in sufficient detail for a report to be made upon them. The fact that 7 out of the 15 returns were made by a single health visitor seems to confirm this opinion, since one would assume, unless there were very strong evidence to the contrary, that the incidence of accidents was much the same throughout the town. As this health visitor has a smaller district than her colleagues, we may assume that if there were more health visitors time would be available to give better attention to this very important matter. The findings are summarised as follows :—

Age and Sex Distribution

			Boys	Girls	Total
Under 1 year	...	...	3	—	3
1 to 2 years	...	...	1	3	4
2 to 5 years	...	...	4	3	7
5 to 14 years	...	...	1	—	1

Nature of Injuries

Cuts, bruises and abrasions	...	...	3
Minor fractures and sprains	...	...	2
Serious fractures (all of skull)	...	...	3
Scalds	...	...	4
Burns	...	...	3

Preventable Factors

Accidents with hot fluids	...	...	...	4
Fireguard fault	...	...	...	2
Defective appliance	...	...	...	1
Bitten by pet (dog)	...	...	...	1
Parental carelessness and lack of oversight				7
Not defined	...	...	...	4

In a few instances more than one preventable factor was discerned ; parental carelessness and an accident with a hot fluid could easily co-exist. In 2 of the 3 burns accidents fireguards were provided and ordinarily in use, but in one case the guard had been temporarily removed and in the other the child removed it himself. Three fractures of the skull due to falls represents a larger proportion than in any previous year when an analysis has been made, and these and many of the other patients received treatment at hospital. It is hoped to make an arrangement with the admissions bureau of the Darlington Hospitals Group in order to obtain more comprehensive information about all accidents, at least those admitted as in-patients, and in future years it may be possible to make a more comprehensive comment on this aspect of the matter. The health visitor remarked on inferior parental care at home in only one case ; in five home care was noted as good and in one very good. Assessing the social circumstances of the home, by the address it appeared that eleven patients lived in average homes, three where housing conditions were below average and one where they were above it. Your Medical Officer of Health would repeat that no conclusions can be drawn from these small figures, but he has reported in some detail because of the importance of the subject.

PART VI

Other Services**§ 1. HOUSING****Hard Cases**

As in previous years a small but constant stream of requests were received for special consideration for early rehousing on account of special hardship in present conditions, particularly for some medical reason. Everyone who asked for an interview was granted it, Saturday mornings being the usual time given for an appointment. On investigation at this stage, however, not all were deemed to need or justify further enquiry. On reference to the Housing Department some were found to stand already so high on the waiting list that no special representation to the Housing Committee would be likely to have bettered their position. In others, what was regarded as medical priority was not in the opinion of your Medical Officer of Health rightly to be considered as such. There remained some where a visit was necessary, since no recommendation for rehousing is made without a personal investigation of home circumstances except in such few cases as where the medical reason is overwhelmingly clear. Thirty-two such households were visited as compared with 29 in 1957 and 27 in 1956, and the following Table epitomises the relevant findings. This Table is drawn up on the same lines as in previous years and the "marks" awarded represent an overall assessment of need. It may be said that three marks and over signify genuine grounds for early consideration and it is to be noted that as compared with the numbers investigated in the three years 1955 to 1957 inclusive, and during the period since 1st January, 1949, the number of awards of three marks has increased. It would seem that the number of special applicants has more or less stabilised and is likely to remain at a fairly constant figure unless, of course, for any reason there was a massive influx of newcomers to the town or emigration from it, or unless the house-building programme showed a marked change in either direction.

The label "ineligible" in the Table overleaf may need a word of explanation. Actually, no applicant is ineligible in the sense that he is not allowed to enter an application under the Corporation housing scheme. On the other hand, for a variety of reasons such as sufficiency of room in a house owned by himself, there may be no prospect of rehousing in any foreseeable future, and others again through lack of residential qualification may be for all practical purposes ineligible also.

TABLE XXXI

Housing Analysis

	1958		Investigated 1955-1957		Total investigated since 1-1-49	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
2 marks & under	12	38	50	42	428	60
3 marks	18	56	51	43	215	30
4 and 5 marks ...	2	6	17	15	75	10
High medical priority...	7	22	35	30	115	16
Lower medical priority...	21	66	43	36	291	41
Overcrowding ...	8	25	43	36	348	48
House defective ...	24	75	69	58	293	41
Environment defective...	3	9	12	10	47	7
Psychological factor...	4	13	30	25	177	25
Unsatisfactory family...	—	—	2	2	21	3
Recommended for priority...	15	47	45	38	219	31
Ineligible under Corpn. scheme...	9	28	—	—	—	—
Total Households investigated...	32	100	118	100	718	100

Applicants for Pensioners' Bungalows

Among the cases investigated is a small proportion where the applicant has entered his, or more often her, name for a pensioners' bungalow, for which eligibility is only attained after 65 or 60 years of age. This, therefore, is also a problem of geriatrics and hence of particular interest at the present time. The assessment of priority among applicants is more than usually difficult since many elderly persons suffer from genuine ailments that, while not materially shortening life, hamper housework, particularly when, as so often the case, the house is much too large for the needs of the present occupants. Without a detailed knowledge of all in this category it is impossible to make a fair assessment of priority and your Medical Officer of Health requested the Housing Committee to instruct him to make an investigation into the circumstances of all persons on the waiting list in this respect.

No work was done on this survey before the end of 1958, though it is hoped to include a comprehensive account of it in the Annual Report for 1959.

Slum Clearance

It must be reported with regret that the so-called five-year plan of slum clearance suffered considerable deceleration during 1958, when only one clearance area, Brunswick Street, was represented to the Health Committee. As the area still to be done under the original plan, that which lies north of Bondgate, is much the largest and in need of a good deal of preparation, it may be taken as inevitable that the plan will not be completed within the original time proposed. On the other hand, a slower maturation of this scheme is not an unmitigated mishap as there is no advantage in scheduling homes for demolition faster than houses can be made available to accommodate the inhabitants. Already the effects of the slum clearance programme are reflected in others aspects of rehousing and applicants have longer now to wait after selection by the Committee than a few years ago. A few, whose circumstances were severely adverse with complicating medical factors, were rehoused by operation of a Closing Order on individual houses after representation of an area. By this means undue inconvenience or actual suffering can be prevented even when a majority of inhabitants of a designated area have some time to wait for re-accommodation.

Your Medical Officer of Health and Chief Public Health Inspector made a survey during the summer of further property to be included in an extension of the slum clearance scheme beyond the first notional five years. They found that there were no extensive areas calling for urgent treatment and though they added to the original plan they did not recommend any very notable extension of it. Obviously all houses wear out in time and the shodder the building in the first instance the sooner will they do so. The time limit your officers bore in mind was fifteen years. In respect of relatively sub-standard property no prediction for a longer period can be relied upon.

Town Planning

The continued expansion of the town to the east at Firth Moor, to the west in the Branksome Estate and to the south in Skerne Park brings very forcibly to mind the underlying principles that should govern town planning. This is a matter for which your Medical Officer of Health is not directly responsible and upon which in fact his advice has not been solicited. At the same time, it is very definitely a matter affecting the general health of the community and therefore, like almost every other aspect of human activity, within his terms of reference. A number of towns and cities in this country have followed the continental practice of building upwards rather than outwards, Liverpool, for example, because of the special circumstances of dock labour, London to some extent and particularly recently, and now Gateshead and Birmingham. A good many arguments can be advanced against multi-storeyed flats. There is need, for instance, for a residential caretaker and also for a lift when more than five storeys are provided. There is also the ostensible problem of provision for large families, though this would seem to be more apparent than real since the City of Liverpool has maintained, in spite of an extensive flat programme, one of the highest birth rates in the country, and in a city like Amsterdam, where flats are very numerous, there

is at the same time an admirably high birth-rate with an admirably low infant mortality. The obvious advantage of large multi-storeyed blocks of flats is that the population is kept concentrated around the civic centre. There is no need to duplicate in the suburbs shops, churches and places of entertainment, and the residents remain near to their places of employment while being able to cultivate a civic sense. Obviously such provision is expensive. The first essential of successful flat life is that each accommodation unit should be sound-proof, of which need there has been ample local illustration. At the same time, your Medical Officer of Health is sure that the future of rehousing in England lies along these lines. The day may come when the inhabitants of this country have to contribute a much greater proportion of what they eat from what they can grow than at present and in these circumstances small service will have been done to future survival by a constant encroachment of towns upon our small resources of nevertheless first-class arable land.

§ 2. METEOROLOGY AND ATMOSPHERIC POLLUTION

During the year, observations continued to be taken and the following report summarises them; it was submitted by the Chief Public Health Inspector, with whose section of the department responsibility rests for this matter, but seems appropriate for inclusion along with the summary of meteorological observations which have for many years constituted a regular feature of the Annual Report.

TABLE XXXII

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1958

Taken Daily at the South Park

	Barometer Reading (inches)		Temperature Registered (Fahrenheit)		Total Rainfall inches	Greatest Rainfall in any 24 hrs. (depth in inches)	Date of Greatest Fall	No. of days on which Rain fell (.01 ins. or more)
	Highest	Lowest	Highest	Lowest				
January	30.30	28.30	49	12	1.80	.34	28	17
February	30.45	28.50	54	21	3.89	.73	9	18
March ...	30.20	29.05	57	17	2.08	.42	27	21
April ...	30.35	29.05	75	26	1.38	.75	3	13
May ...	30.30	29.15	76	35	2.85	.55	10	15
June ...	30.05	29.00	77	42	3.23	.73	2	18
July ...	30.15	29.00	86	40	2.91	.80	15	18
August ...	29.95	29.30	80	43	4.30	.89	12	18
September	30.15	29.00	81	38	2.41	.65	29	16
October	30.50	28.95	63	30	1.46	.30	3	10
November	30.45	29.45	58	24	.67	.17	1	12
December	30.25	28.45	53	27	3.39	.55	17	19
Totals ...	—	—	—	—	30.37	—	—	195
Averages	—	—	—	—	2.53	—	—	16

Atmospheric Pollution

Regular meetings of the Tees-side Smoke Abatement Committee of Local Authorities have taken place at different venues within the area, and it is felt that much practical benefit has been derived from the discussions on numerous problems associated with air pollution.

The Technical Sub-Committee, of which your Chief Public Health Inspector is a member, furnished a report showing that 56 Deposit Gauges and 16 Lead Peroxide Instruments are in use in the area.

During the year the following legislation was made to implement the powers already operative under the Clean Air Act, 1956 :—

The Dark Smoke (Permitted Periods) Regulations, 1958.

The Clean Air Act (Appointed Day) Order, 1958.

The Alkali Works Order, 1958.

Building Byelaws.

Thus with the Clean Air Act (Appointed Day) Order, 1958, all the provisions of the Clean Air Act, 1956 came into force from 1st June, 1958. The Dark Smoke (Permitted Periods) Regulations, 1958 defined the periods of emission of dark smoke, and laid down conditions whereby such emissions would not contravene the provisions of Section 1 of the Act which prohibits the emission of smoke in excess of that prescribed. The Alkali, etc., Works Order, 1958 became operative in June, 1958. Under this Order all the scheduled processes at certain works came within the purview of the District Alkali Inspector. This includes the following works within the Borough :—

Name of Firm	Address	Works or Processes Registered.
R. Blackett & Son Ltd.	Haughton Road Brickworks, Haughton Road.	Ceramic (Heavy Clay— Intermittent Kilns)— Continuous Grate-Fired Kilns.
Central Electric Generating Board.	Darlington Power Station, Haughton Road.	Electricity.
Northern Gas Board	Gas Works, John Street	Gas and Coke.
The Darlington Forge Ltd.	The Forge	Iron and Steel (Open Hearth Furnaces) and Producer Gas.
Darlington & Simpson Rolling Mills Ltd.	West Works, Rise Carr Rolling Mills.	Producer Gas.
Summerson's Foundries Ltd.	Albert Hill Foundry	Iron and Steel (Tropænas, Oxygen).

The scheduled processes are those which present many technical difficulties, but it is pointed out that the Local Authority is still responsible for the non-scheduled operations at these works, e.g., steam raising plants, cupolas, etc.

The premises are supervised in conjunction with the District Alkali Inspector, with whom very amicable relations have been established.

To give a single instance of overlapping responsibility, and the degree of co-operation required between the officials concerned, I will take the case of Messrs. Summerson's Ltd. Here the steel is melted in cupolas and then transferred to trochaenas for refining. The former process is the responsibility of the Local Authority while the District Alkali Inspector is responsible for the latter.

In August, 1958, additional provision under Building Byelaws which requires all new buildings to be provided with appliances for heating and cooking which would burn approved fuels became operative. This is a long term policy which would ensure that smokeless conditions could be implemented easily on new housing estates both private and council built.

Preliminary investigations were made in connection with a smoke control area of over 1,000 houses for submission to the Ministry.

The following list summarises some of the installations and improvements to industrial plants which have been effected during the year :—

1. Laundry. Grit Arrester fitted to chimney which appears to have solved the problem of grit emission from the chimney.
2. Forge. Stage 1 completed as part of a five year electrification programme.
3. British Railways. New oil-fired boilers installed to replace Sentinel boilers. Replacement of some steam engines with Diesel Locomotives on the branch line.
4. Hospital. Chain-grate stoker installed on one of the two boilers.
5. Dairy. New oil-fired burner installed to replace the existing coke-fired vertical boiler.
6. Gas Works. Continuous vertical coke retorts installed to replace existing horizontal intermittent retorts.

The noticeable increase in motor traffic in the main streets with the resultant increased emission of smoke and fumes from the exhausts of both petrol and diesel engines has added considerable pollution to the air we breathe. When the long-awaited outer ring-road is eventually established, we may expect an improvement in atmospheric conditions as well as relief of traffic congestion.

It is, however, pleasing to report that the Deposit Gauges in Darlington compare very favourably with other authorities on Tees-side, including the pleasure resorts of Redcar and Saltburn.

The average deposit in Tees-side area is as follows :—

Industrial—	52.10
Semi-Industrial—	27.30
Residential—	15.37

The average in Darlington is 10.70 tons per square mile per month.

TABLE XXXIII

Results of total deposit from gauges in tons per square mile per month

Month	E. D. Walker Homes	Harrowgate Hill	Albert Hill	Memorial Hospital	Average
January	10.69	14.36	17.63	12.71	13.85
February	7.08	9.40	9.69	8.71	8.72
March	13.27	14.03	15.92	34.15	19.34
April	11.35	8.64	11.60	28.36	14.99
May	7.62	9.30	11.43	13.54	10.47
June	8.10	9.70	10.37	10.90	9.77
July	5.39	9.86	—	6.65	7.30
August	6.19	7.83	—	7.01	7.01
September	6.24	9.37	14.86	7.37	9.46
October	4.06	6.40	11.06	4.54	6.51
November	2.95	7.12	9.18	3.30	5.64
December	8.60	17.86	20.47	14.64	15.39
Monthly Average	7.63	10.32	13.22	12.66	10.70

Wind Records for the Year (Tees-side Area)

	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	No Record
Average %	7.35	10.47	6.32	4.64	22.12	23.00	12.00	6.52	3.04	4.54

§ 3. LABORATORY SERVICE

The Public Health Laboratory at Northallerton undertook the bacteriological examination of the various items submitted by the Health Department and Drs. D. J. H. Payne and P. N. Coleman always took the greatest personal interest in the problems confronting the Health Department wherein their assistance was requested. Dr. Payne has always expressed a desire to be kept in the picture wherever social and clinical circumstances make the investigation more than of routine interest and his willingness with helpful suggestions has been greatly appreciated. Occasional specimens have been submitted to the laboratory at the Darlington Memorial Hospital, under Dr. J. Tregillus, where also the utmost co-operation has been given.

Mr. C. J. H. Stock continued to act as Public Analyst and to carry out chemical examinations. With his laboratory the closest harmony and co-operation also existed.

§ 4. MEDICAL EXAMINATIONS

The following Table shows the work carried out under this heading. It is to be remarked that this work, which makes no contribution towards the general health of the community and is carried out simply to oblige another Department of the Corporation, occupies a good deal of the time of the Assistant Medical Officers.

TABLE XXXIV

Medical Examinations of Corporation Staff

DEPARTMENT	Sup'ation		Sick Pay		Periodicals, et c.		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	
Architect's	2	...	...	...	1	...	3	...	3
Civil Defence ... ..	...	...	...	...	...	...	...	...	...
Education	2	6	...	6	50	102	52	114	166
Fire	1	...	...	...	3	...	4	...	4
Health	1	9	...	10	...	1	1	20	21
Library and Museum ... ..	...	1	1	...	...	1	1	2	3
Markets	1	...	...	...	...	...	1	...	1
Parks, Cemeteries and Baths	2	1	9	1	13	...	24	2	26
Queen's Nurses ... ..	...	9	...	...	...	...	...	9	9
Surveyor's (incl. Water)	43	1	71	...	44	1	158	2	160
Town Clerk's ... ..	...	1	...	...	1	2	1	3	4
Treasurer's ... ..	...	...	2	1	8	2	10	3	13
Transport	28	9	5	2	9	1	42	12	54
Weights & Measures	1	...	...	...	...	...	1	...	1
Welfare (incl. East Haven Hos.)	4	5	3	32	3	2	10	39	49
Others ... ..	...	...	...	...	...	...	...	...	...
Totals	85	42	91	52	132	112	308	206	514

§ 5. WATER SUPPLY AND SEWAGE DISPOSAL

The following information has been kindly provided by the Water Engineer, Mr. G. S. Short, M.A., LL.B., A.M.I.C.E., A.R.I.C.S., to whom I am indebted :

“Water Supply—The supply is pumped from the River Tees, is treated with alumina ferrie and with sodium aluminate and is passed to the settling tanks where it remains for a period of about six hours. Water is then pumped through pressure filters and after filtration is treated with ehlorine and ammonia. To counteract the possibility of plumbo solveney, lime is added before the water leaves the works.

During the year baeteriological examinations of the raw, filtered and chlorinated water were made on 52 oecasions and on tap water from different areas of the town on 52 occasions.

Details of the total water consumption per year since 1950 are given below. The water consumption exeluding the amount supplied to the Tees Valley and Cleveland Water Board increased by 53,322,000 gallons and this was due to an inerease in consumption by domestic and small industrial users offset to some extent by a deerease in consumption by large industrial users. The Tees Valley and Cleveland Water Board ceased taking water on the 23rd May, 1958, and a bulk supply of 102,340,000 gallons of treated water has been delivered into the mains of the Tees Valley and Cleveland Water Board since 1st January, 1958.

					Gallons pumped
Year ending 31st March					
1950	...	...	...	...	1,846,280,000
1951	...	...	...	...	1,907,480,000
1st April, 1951, to 31st December, 1951					1,604,640,000
Year ending 31st December					
1952	...	...	...	...	2,212,990,000
1953	...	...	...	...	2,136,960,000
1954	...	...	...	...	2,276,690,000
1955	...	...	...	...	2,098,370,000
1956	...	...	...	...	1,883,040,000
1957	...	...	...	...	2,069,980,000
1958	...	...	...	...	2,060,310,000

With regard to the quantity of water available in the River Tees to meet the Corporation's unlimited powers of abstraction, there is an ample supply but recent temporary statutory powers taken by the Tees Valley and Cleveland Water Board will reduce the dry weather flow downstream of the two waterworks to a quantity as low as 5 million gallons per day. A Bill has been deposited in Parliament by the Tees Valley and Cleveland Water Board asking for powers to construct additional waterworks and to acquire lands to amend provisions relating to the discharge of compensation water by that Board and other provisions and for other purposes. As the interests of the Corporation as a Water Undertaker and as a Sanitary Authority seem to be affected by the provisions of this Bill, the Corporation have petitioned against it.

The water is pumped direct to the town to a covered service reservoir at Harrowgate Hill. The capacity of this reservoir is seven million gallons.

In order to guard against the possibility of typhoid infection it has been and will be the regular practice to examine all employees of the Water Undertaking before they commence work.

The approximate total number of dwelling houses within the Borough is 26,814. The whole of these are supplied by water mains direct into the houses except 25 which are served by stand pipes, i.e., out of a total population of 83,170, 88 are served by stand pipes.

Rivers and Streams—Work by the Wear and Tees River Board on Improvement Schemes on the River Skerne and Baydale Beck has now been completed and this has alleviated flooding which previously occurred.

Work is now in progress on the culverting of the Cree Beck between the Fighting Cocks Branch of the British Railways and Burnside Road. This work is being carried out in conjunction with Housing Development on the Firth Moor Estate Stages II and III.

Sewerage and Sewage Disposal—Work on the contract for Stage II of the Pierremont Surface Water Relief Sewer from Elton Road to Carmel Road via Neville Road and Abbey Road is now completed and the sewer is in operation.

The whole of the sewage is treated at the Stressholme Sewage Works where one-third of the flow is treated by broad irrigation on the Stressholme Farm. The remaining two-thirds of the total flow is dealt with by the main

Sewage Purification Works completed in 1942, which consists of detritus and sedimentation tanks, percolating filters, humus and storm water tanks. The sludge from the processes is dealt with on sludge drying beds during the summer and by distribution on adjacent farmlands during the winter. Further extensions of sludge disposal facilities to the land are completed.

The effluent produced at the Sewage Works is not so good as it was in quality owing to the increased quantity of sewage now being treated and to the increase in strength of the sewage resulting from the admission of various trade effluents into the sewers.

A draft scheme for extending the existing Sewage Disposal Works at an estimated cost of £240,000 has been approved in principle by the Ministry of Housing and Local Government. Work was completed in July, 1955, on the alterations to two of the existing filters for preliminary experimental purposes and data is being obtained from this plant. Stage I.A of the extensions has been completed at a cost of £6,500 involving construction of Sedimentation Tank Channels and Filter Distributors. A scheme is now being prepared for Stage I.B of the extensions for modernisation of the Detritus Channels, Screening Plant, Storm Overflow Channels and Measuring Venturi Meter.

A scheme is now being prepared for the construction of a new sewer in the Cocker Beck Valley from the Main Outfall Sewer near Leadenhall Street to Cockerton. This will prevent pollution of the Cocker Beck from sewage overflow and will enable further development to take place at Branksome Housing Estate. Following the construction of the Cocker Beck Valley Sewer, the Corporation intend to carry out a further extension of the Main Outfall Sewer upstream from Feethams.

The Council has tried, wherever possible, to secure preliminary treatment of trade waste in various works in the town before it is discharged into the sewers and thus relieve the load on the purification works. In several instances Agreements under the Public Health (Drainage of Trade Premises) Act, 1937, have been made between the Council and industrial undertakings in the town.

Disposal of the Dead—Three cemeteries with a total area of 93 acres of which 61 acres are laid out situated in different parts of the town provide adequate facilities for burial. These cemeteries are properly planned and are well maintained.

The Crematorium at the West Cemetery, the Chapel of which was unfortunately destroyed by fire last year, is still in operation, the Cemetery Chapel being used for the Committal Services. The Corporation have agreed to take over the service from the Darlington Cremation Society and plans are well advanced for re-building on the existing site.

§ 6. PUBLIC BATHS DEPARTMENT

The Corporation's Public Baths Department situate in Gladstone Street comprises two large swimming pools, slipper baths, catering and assembly hall facilities. The Gladstone Pool, 100 ft. x 40 ft., water capacity 140,000 gallons, is used for swimming purposes during the summer months only,

the 1957/58 total public bathing attendance being 90,542. The Kendrew Pool, 100 ft. x 48 ft., capacity 700,000 gallons is largely used by children and organised swimming classes, being open the whole year round. During the year ended March, 1958, total admissions were 160,534 which included approximately 68,000 children in classes for swimming tuition and life saving.

Amongst the serious activities taking place in the swimming pools are the classes for the rehabilitation of patients who have suffered from poliomyelitis. Disabled to varying degree from the almost completely immobile to those capable of walking into the baths with the aid of sticks, all patients have gained benefit from the water therapy treatment available. During the past year 28 patients made collectively 960 visits to the baths and a number of these have been successful in attaining ability to swim.

The water of both pools is continuously circulated, filtered and sterilised by modern "Breakpoint" technique of chlorination, and maintained at a summer temperature of 78 degrees F. and winter temperature of 80 degrees F., thus at all times under the heaviest bathing load the pools water remains comfortable, clear and of a sparkling blue colour. Weekly samples of pools water are sent to the Borough Analyst for bacteriological examination thus ensuring a germ-free water comparable to drinking water and equal to Ministry of Health standards. This is achieved by the aid of a filtration and sterilisation plant which is, in fact, a miniature water works. During the last twelve months over 12,000 tests were taken for total alkalinity and pH values, and for free available chlorine residuals, and a total of 78 bacteriological tests were made. All tests proved to be of the required standards.

During the winter months the Gladstone pool is converted from swimming to public hall use for such activities as dancing, concerts, meetings, sports displays and exhibitions. The pool is covered with an oak dance floor supported by trestling and sprung girders. The cubicles fold back to the walls forming a continuous teak panelling. The seating capacity for concerts is 1,450 and the permitted limit for dances is 900 persons at the one time. Municipal dancing promotion has been a regular feature and this, with hall lettings and catering income help towards maintaining a rate call for the establishment amongst the lowest in the country.

PART VII

Sanitary Circumstances**(REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR)****§1. INTRODUCTORY LETTER AND ANALYSIS OF INSPECTIONS**

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my annual report on the work carried out by my section of the Department.

To those who find statistical information uninteresting, I commend the written commentaries with which the statistics are interspersed, in which I have endeavoured to highlight matters of particular interest in the various sections which follow.

In presenting the figures for clearance areas, I wish to emphasise that in addition to the houses represented as unfit, a considerable amount of administrative and survey activity has proceeded in connection with areas yet to be represented.

The noisy dissension with which the Rent Act was heralded appears to have quietened, and it is interesting to note that more applications for certificates of disrepair were dealt with during the first few months of its introduction in 1957 than during the whole of 1958.

My references to the forward movement in the field of food hygiene and the low incidence of food poisoning are expressed with some pleasure, although I should point out that food poisoning figures are not always a reliable barometer by which to assess standards of food hygiene.

My report would not be complete without its usual reference to staff shortage. A vacancy occurred when one of the district inspectors resigned to take up another appointment. The time devoted to meat inspection has necessarily increased to cope with the record slaughtering figures, and on most days it has been necessary to employ two meat inspectors at the abattoir in order to attain 100% inspection. It will be appreciated, therefore, that with a staff of only six inspectors including myself, the loss of one inspector can cause some disruption in other spheres of activity, and when this is further accentuated during holiday periods, the other work must inevitably suffer.

Despite these adverse conditions, my official burden has been considerably lightened by the unfailing loyalty of the staff to whom I wish to pay tribute, and my thanks are also due to the Chairman and members of the Health Committee and to the Medical Officer of Health for the understanding and support which has been generously afforded me during the year.

I have the honour to be,

Your obedient Servant,

F. WARD,

Chief Public Health Inspector and
Inspector of Meat and Other Foods.

ANALYSIS OF INSPECTIONS

Housing Conditions

Housing Inspections	884
Slum Clearance	649
Re-Inspections	1,244
Dirty and Verminous Premises	32
Overcrowding and re-housing investigations	80
Living Vans	592
Common Lodging Houses	4
Inspections re nuisances (other than dwellings)	173
Interviews with owners, builders, etc.	1,714
Total	5,372

Food Inspections

Abattoir	882
Private Slaughterhouses	847
Markets	194
Registered Food Premises	78
Food Shops (General Dealers), etc.	392
Unsound Food	251
Restaurant Kitchens	63
Works Canteens	2
Snack Bars and Canteens	31
Bakehouses	64
Fish Friers	39
Ice Cream Manufacturers	26
Ice Cream Vendors	180
Dairies and Milk Shops	130
Licensed Premises	8
Samplings	225
Total	3,412

Sundry Inspections

Rat Infestation	839
Infectious Diseases and Contacts	67
Factories, Outworkers and Workshops	178
Pharmacy and Poisons Act	46
Stables and Piggeries... ..	32
Offensive Trades	30
Smoke Abatement	226
Disinfections and Disinfestations	352
Pet Animals	10
Miscellaneous Inspections	63
Ineffective Visits	552
Total	2,395

Total Inspections

Housing Conditions	...	...	...	...	...	...	5,372
Food	...	...	...	...	...	...	3,412
Sundry	...	...	...	...	...	...	2,395
Total							11,179

Nuisances and Complaints

604 complaints were received and investigated during the year, and I mention the following as being of rather unusual interest :—

1. A complaint of insects, believed by the tenant to be wood beetles, in a first-floor council flat. The insects were identified as spider beetles (*ptinus tectus*) but appeared to offer some resistance to the insecticide we were currently using. It was believed that the insects were emanating from the fibre glass quilting introduced into the floor construction for sound insulation, so skirtings and some floor-boards were removed to give better access to this material. An insecticide with quick “knock-down” effects in addition to residual properties was then used with satisfactory results.
2. A complaint of blue-bottles emerging from the front lawn of a house in early summer, and settling on the walls. Specimens of the flies were identified as the *lucilia* species usually associated with sheep, but this did not explain their presence in this case. An unconfirmed theory that a contractor’s latrine had been sited nearby seemed a more likely explanation, but their actual source of breeding still remains in doubt. A liberal spraying of the external walls and the garden had the desired effect.

§2. LIVING ACCOMMODATION

Repairs	Number of Houses
Informal Action	
(1) Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	120
(2) Number of premises in which insanitary conditions, not strictly of a structural character, were remedied	72
Action under Statutory Powers	
(a) <i>Proceedings under Section 9, Housing Act, 1957 :</i>	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	26
(2) Number of dwelling houses rendered fit after service of formal notices :	
(a) By Owners	17
(b) By Local Authority in default of owners	—

<i>(b) Proceedings under the Public Health Acts :</i>					Number of Houses
(1) Number of dwelling houses in which defects were remedied after service of formal notices :					
(a)	By owners	...	...	...	43
(b)	By Local Authority in default of owners	...	...	...	—
(2) Number of properties in which insanitary conditions not strictly of a structural character were remedied after service of formal notices ...					53
(3) Total number of defects remedied as a result of informal and formal action ...					920

Demolition and Closing Orders

Housing Act, 1957					Houses	Persons Displaced
(a)	Houses closed in pursuance of an undertaking given by the owners under Section 16, and still in force ...				1	3
(b)	Closing Orders made under Sections 17(1) and 18(1) ...				9	36

Legal Proceedings

Legal proceedings were taken against the owner of a house-let-in-lodgings for failing to comply with a notice requiring him to execute works or alternatively, to reduce the number of households accommodated there.

No evidence was called in view of the defendant's plea of "guilty," and a conviction was recorded and a small penalty imposed.

Section 36 of the Housing Act, 1957, under which this prosecution was taken makes no provision for the authorisation of work to be done in default and however desirable it may be for premises such as the above to be improved by the provision of additional amenities, a landlord has the alternative of disturbing settled households rather than provide them with necessary amenities. I mention this as one of the possible unsatisfactory effects of using this section.

RENT ACT, 1957

Applications made under the Act during the year were as follows :—

(a)	For Certificates of Disrepair	...	...	...	173
(b)	Certificates refused or withdrawn	...	...	...	6
(c)	Undertakings received	...	...	...	161
(d)	Certificates issued	...	...	...	30

Proposed Clearance Areas

During the year it was considered appropriate to report to the Health Committee on the clearance area programme, and on the future policy of the Department under the Housing Acts.

The report resulted in an extension of the current programme by some 220 houses, and clarified the situation with regard to a further 2,500 houses listed in a schedule of relatively sub-standard properties. It was felt that a gradual up-grading of many of these houses was taking place under the influence of the Rent Act dealing with repairs. If any of these houses were unlikely to be dealt with by clearance in the foreseeable future, it was felt that the interests of residents and owners alike could best be served by contemplating repair and improvement rather than destruction.

All houses included in the Panson Street area and most of those in Garden Row were demolished. An official representation was made in respect of 77 properties in the Brunswick Street area, and a Compulsory Purchase Order was submitted for confirmation by the Minister of Housing and Local Government. Ministerial confirmation was received during the year of four Compulsory Purchase Orders.

			No. of properties represented	No. of properties confirmed
Park Place C.P.O.	...	...	—	23
Green Street C.P.O.	...	...	—	41
Vulcan Street C.P.O.	...	...	—	16
Alms House Yard C.P.O.	...	...	—	4
Brunswick Street C.P.O.	...	...	77	—
			—	—
			77	84
			—	—

R.O.F. Estate, McMullen Road

Certificates of Unfitness were issued by the Medical Officer of Health in respect of 28 of the above Corporation owned houses, all of which were demolished by the end of 1958.

The general condition of the houses in this area was assessed during a survey in October, 1957. The inherent faults in these houses were well known, and although these were masked where standards of housekeeping were of a high order, the faults were very evident in the poorly-maintained houses.

Lack of fencing, inadequate or defective paved areas and uncultivated gardens tended to give parts of the estate an appearance of untidiness and neglect.

Living Vans

The four living van sites owned by the Council and controlled by your Chief Public Health Inspector continue to serve a useful purpose, and there is a waiting list of applicants for all the sites. Very little can be said about these sites that has not already been reported upon previously.

In connection with a privately-owned site in Archer Street, the progressive deterioration in the conduct and standard of maintenance necessitated its closure.

During the year, over 200 removal notices and a considerable number of verbal warnings have been given to persons stationing vans on unauthorised sites, particularly in Park Street and in East Street at the rear of the Welfare Department.

Many hours are spent annually by officers of the Council in conjunction with the police in enforcing these notices to quit, but the respite is invariably short lived, and the offenders are soon back again.

The problem on the Park Street land will resolve itself when work is eventually commenced on the proposed police buildings, when it is believed that the access roads to the site will be closed.

An increase in the number of caravans resorting to land at the rear of Pendleton Road has been observed during the year. Some of these van dwellers have been of a most undesirable type who have caused damage to property, nuisance to nearby residents, and have been most difficult to deal with. The problem on this land is likely to continue unless steps are taken to prevent access to the land, and in my opinion the initial expense of providing fencing or concrete blocks would quickly be repaid by the saving in officials' time and transport.

The problem created by the ever-increasing use of moveable dwellings is at last being investigated on a national scale by the Ministry of Housing and Local Government, and it is hoped that the enquiry will result in the formulation of a national policy, and improved legislation to enable local authorities to deal effectively with the problem.

Disinfestation

290 premises were treated with insecticides during the year and generally with satisfactory results.

§3. FOOD HYGIENE

One often hears or reads of criticism of the Food Hygiene Regulations, either that they do not cover adequately all the circumstances that are encountered or because differing interpretations of certain sections has led to lack of uniformity in their administration.

My own opinion is that the Regulations provide a most effective weapon, and it is perhaps a good thing that the phraseology permits the exercise of a fair degree of discretion. It would indeed be farcical to attempt to apply an inflexible set of rules to the wide variety of conditions met with in the different branches of the food industry. The existing Regulations have been invoked to secure many large and small scale improvements to premises, and as our standards improve, an active administration of the Regulations will ensure a progressive improvement.

The general trend towards modernisation of shops has continued, and a number of shops have been completely reorganised to produce a streamlined efficiency in order to compete with the more spacious and obviously popular self-service stores.

Everywhere, one sees new materials being brought into use ; refrigerated displays, glass-fronted counters, plastic surfaces, hygienic packaging and polythene wrapping. On the other side of the picture, we still have the small street shops serving a most useful purpose, many of them doing their best under somewhat difficult circumstances due to restricted space.

There is still room for improvement in some of the mobile shops and open market stalls. The high standard set by the fish stall holders could well be emulated by other open air food traders.

We have been singularly fortunate in the low incidence of food poisoning in the town, and when one bears in mind the fact that meat dishes, especially processed and made-up meat are so frequently responsible for outbreaks, I feel justified in holding the belief that this happy state of affairs is in some small measure due to the efforts of the Department in ensuring a safe meat supply, and that satisfactory conditions prevail in food preparation establishments.

Covered Market

In November, 1957, on the instructions of the Health Committee, I prepared a comprehensive report on the Covered Market with particular reference to the washing facilities and sanitary accommodation.

I am pleased to say that during the year many of my suggestions for improvements have been implemented, and in addition the re-siting and improvement of stalls has greatly enhanced the appearance of the market.

The following Table sets out the different types of food premises in the Borough :—

Types of Premises	Number	Number of Inspections
Foodshops (Grocers, general dealers, etc.) ...	551	392
Markets	2	194
Catering Establishments	62	94
Works Canteens	29	2
Bakehouses	67	64
Fish Friers	55	39
Licensed Victuallers	64	8
Registered Food Premises	70	78
(For the manufacture of potted, pressed, pickled or preserved food)		
Ice Cream Manufacturers	9	26
Vendors of pre-packed Ice Cream	282	180
Vendors of unwrapped Ice Cream	44	
Dairies other than dairy farms	3	130
Milk distribution premises (ready bottled milk)	159	

§4. PRODUCTION AND DISTRIBUTION OF MILK

The total number of persons/premises on the Register is as follows :—

Dairies	Other than Dairy Farms	...	...	...	3
Distributors	(a) Bottled milk only (as received)	...	...	...	158
	(b) Producer/retailer (inside Borough)	...	...	...	1
	(c) Residing outside, but retailing inside the Borough	...	...	...	5

Milk (Special Designations) (Raw Milk) Regulations, 1949 to 1954

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953

In pursuance of the above Regulations, licences are in force authorising the use of Special Designations, as follows :—

				Grade of Milk		
				Pasteurised	T.T.	Sterilised
Pasteuriser/Bottler/Retailer	...	...	2	2	—	—
Bottler/Retailer	...	...	—	1	—	—
Dealer	...	...	36	28	124	—
Supplementary/Retailer	...	...	2	4	—	—

§5. FOOD AND DRUGS ACT, 1938 to 1955

108 samples of various foods and drugs were taken and submitted to the Public Analyst for analysis.

All the samples were reported to be genuine with the exception of 1 informal sample of milk which showed a fat deficiency of 11.67%. In connection with the unsatisfactory sample, further samples taken were reported to be satisfactory.

Mr. C. J. H. Stock, the Public Analyst, was unfortunately compelled to retire during the year owing to ill health. He has practised in Darlington for many years, and will be greatly missed by Public Health Inspectors and Sampling Officers over a wide area. His courteous manner and wise counsel will long be remembered by his many friends.

Bacteriological Examination of Milk

The following Table describes the various tests to which samples of milk were subjected :—

Designation.	Appropriate Tests.	Number Examined.	Number Unsatisfactory.
Pasteurised	Methylene Blue	45	0
	Phosphatase	45	0
T. T. Pasteurised	Methylene Blue	19	0
	Phosphatase	19	0
Tuberculin Tested	Methylene Blue	34	6
Sterilised	Turbidity	1	0
TOTAL		163	6

In connection with the unsatisfactory samples of tuberculin tested milk, the County Milk Production Officer was notified and further samples taken were reported to be satisfactory.

Three samples of water-cress were also submitted for bacteriological examination and all samples were reported to be satisfactory.

Prosecutions

During the year, proceedings were taken against 3 firms for selling food not of the quality or substance demanded, contrary to Sections 2 and 8 of the Food and Drugs Act, 1955.

The first offence concerned a meat pie purchased by a customer who found in it a nail. The retailers of the pie placed the responsibility on a Bakery with premises outside the town who accepted liability and pleaded guilty. The Bakery was fined £10 and ordered to pay an Advocate's Fee of £5 5s. 0d.

In the second case, a piece of metal was discovered in a meat pasty sold by a travelling salesman. Proceedings were taken against a firm outside the town who supplied the pasty and who were fined £20 and ordered to pay an Advocate's Fee of £4 and costs amounting to £1 0s. 4d.

Information was also laid against a local shopkeeper for selling an apple pie containing a piece of wood. The case against the shopkeeper was dismissed. Proceedings were taken against the Company who supplied the pie, and a fine of £25, Advocate's Fee of £4 4s. 0d. and costs amounting to £1 1s. 0d. were imposed. On appeal, the fine was reduced to £1 and the costs increased to £10 10s. 0d.

Letters of warning were sent to three traders in the town. One concerned the sale of milk in dirty bottles, and two related to foreign bodies found in food sold to customers.

§6. INSPECTION OF MEAT AND OTHER FOODS

The following Table sets out the respective slaughtering figures for the Abattoir and private slaughterhouses. Post-mortem examination has been made of all animals, and ante-mortem examination whenever practicable.

Slaughtering Totals 1958

	Cattle.	Calves.	Sheep.	Pigs.	Total.
Abattoir	10,829	835	20,452	18,306	50,522
Private Slaughterhouses ...	2,521	116	6,125	4,413	13,175
Total ...	13,350	951	26,577	22,719	63,597

Carcases and Offal inspected and condemned in whole or in part

	Cattle ex'cl'g Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	8,622	4,728	951	26,577	22,719	—
Number inspected	8,622	4,728	951	26,577	22,719	—
All Diseases except Tuberculosis and Cysticerci.						
Whole carcases condemned ...	25	52	37	113	96	—
Carcases of which some part or organ was condemned ...	416	1,844	11	412	893	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	5.11	40.10	5.05	1.97	6.11	—
Tuberculosis only.						
Whole carcases condemned ...	5	140	1	—	2	—
Carcases of which some part or organ was condemned ...	260	1,636	1	—	300	—
Percentage of the number inspected affected with Tuberculosis	3.07	37.56	0.21	—	1.33	—
Cysticercosis.						
Carcases of which some part or organ was condemned ...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Cysticercus Bovis

The recommended routine examination has been carried out in all adult cattle and although no viable cysts have been detected, there has been a small number of cases where a single completely degenerated cyst has been found in the masseter muscles, and whereas this may have resulted in the condemnation of an organ or part, the reason has been for mutilation, in efforts to trace further evidence rather than the presence of the cyst itself. Hence the nil return in the preceding table.

In my opinion, degenerated cysts are harmless, and expert opinion has been given that if these are found in the masseter muscles, this is an indication that the whole infection is likewise degenerated.

The total of animals slaughtered and inspected has surpassed the record figure of 58,489 for 1957, due to a substantial increase in the figures for cattle and pigs.

In drawing a comparison between the current figures and those of 20 years ago, it is interesting to note that whereas the figures for calves and sheep show little variation, the totals for cattle and pigs are approximately double the figures for 1938.

A relatively high percentage of low grade cows continues to be slaughtered, and this together with the fact that the abattoir is a reception centre for numerous "casualty" animals and also reactors under the Tuberculosis (Slaughter of Reactors) Order, is responsible for the continued high figures for tuberculosis and other diseases, and for meat and offal condemned (87½ tons compared with 35 tons in 1938).

Slaughterhouses Act, 1958

This Act came into operation on 1st August, 1958. It is a most complex piece of legislation, and so involved that only when read in conjunction with the lengthy circular and appendices which were issued with the Act, do its provisions become comprehensible.

Local Authorities are required to review their existing and probable future requirements for slaughterhouse facilities, and, in due course, to submit a report to the Minister when special regulations have been introduced.

Condemned Food

Carcases and portions thereof, and organs having a total weight of 87 tons 9 cwt. 0 stons 6 lbs. were found to be diseased or otherwise unfit for human consumption.

Canned foods and other provisions having a total weight of 10 tons 2 cwt. 2 stons 3 lbs. were found to be unfit for human consumption.

The high figure for canned foods and other provisions, compared with 12 cwt. in 1938, is largely due to condemnations at the N.A.A.F.I. warehouse, which is the supply depot for a large area of the north of England.

Amongst the usual assortment of food condemned was an unusually large quantity of potatoes.

This occurred in June when the Jersey crop reached this country, and much of it was found to be affected with blight. The difficulty in dealing with this condition is in deciding just how badly potatoes must be affected to justify condemnation. Experience of the condition, however, quickly dictated that moderately affected potatoes at the wholesalers' premises were likely to be wholly unfit by the time they reached the consumer due to the fairly rapid spread and penetration of the disease.

Disposal of Condemned Food

Condemned meat and offal from the Abattoir is disposed of to two local contractors, specialising in the manufacture of technical oils, fats, fertilisers and feeding stuffs. The usual arrangement is for one of these firms having premises just outside the Borough to collect carcasses and portions of beef and the other firm to collect other meat and offal.

All meat is slashed and stained green before removal and collections are made as frequently as required.

Meat condemned at butchers' shops and private slaughterhouses is delivered at the Abattoir for disposal as above.

All other condemned food is surrendered at the Health Department and disposed of by controlled tipping. Where large quantities of canned goods are involved, the tipping has been arranged to coincide with the tipping of a certain industrial waste with a high acid content. Since the Corporation discontinued its farming activities, it has not been possible to find a suitable reliable outlet for certain foods which might otherwise have been salvaged for animal feeding, and except for a small quantity which has been salvaged, there has been no alternative to tipping as described.

§7. OFFENSIVE TRADES

The number of offensive trades on the Register is as follows :—

- 2 Tripe Boiling.
- 2 Fat Refineries.
- 1 Gut Scraping.
- 3 Rag and Bone Dealing.

All these trades have been carried on in a satisfactory manner, and no serious nuisance has been caused.

Fried Fish Shops

There are 55 Fish Friers on the register and 39 visits have been made to these premises by the District Public Health Inspectors.

§8. RODENT CONTROL

One full-time operative is employed to deal with the day-to-day business of extermination of rats and mice, but whenever the need arises, the disinfectors are at hand to give assistance.

Sewer treatments are carried out twice yearly, and on these occasions an additional four men are made available by the Works Department.

Business premises are charged with the cost of time and material, but no charge is made for the disinfestation of private dwellings. This free service is much appreciated by the majority of people to whom it has been made available, but since its inception in 1955, it has not given rise to any appreciable increase in the number of reports from householders, from which fact one may conclude that when troubled by rats, the average person will seek assistance irrespective of cost. There is little doubt, however, that the operation of a free service facilitates the treatment of premises, and ensures greater thoroughness and considerably reduces the administrative work involved.

Of all the infestations dealt with, the majority have responded satisfactorily to the normally recommended procedure, but when peculiar difficulties have been encountered, advice has been sought from the technical experts of the Ministry.

Persistent trouble in one large set of premises was eventually traced to a defective drainage system, and when this fault was rectified, it was only a matter of time and patience before the infestation was cleared.

Sewer Maintenance Treatment

Two sewer maintenance treatments have been carried out, the first during the period 14th April to 10th May, 1958, and the second from 22nd September to 18th October, 1958, details of which are as follows :—

	1st	2nd
Total number of manholes in foul and connected systems	1535	1535
Manholes baited	111	148
Manholes showing pre-bait take	81	92
Manholes showing complete pre-bait take (one or both days)	49	54
Schemes of baiting used	1st, 3rd, 5th and consecutive days.	
Manholes test-baited	154	180
General :		
Premises dealt with		395
Visits made		678
Bodies seen—rats		1,086
—mice		414
Estimated number of rats killed (assessed Ministry of Food formula)		2,933
Estimated number of mice killed (assessed 1/5th oz. per mouse)		1,133

§9. MISCELLANEOUS PROVISIONS

Slaughter of Animals Act, 1958

49 licences were issued to slaughtermen employed at the abattoir and private slaughterhouses.

Pharmacy and Poisons Act, 1933

There are 57 persons whose names are entered on the list entitling them to sell Poisons included in Part II of the Poisons List.

46 visits were made and advice given relative to storage, labelling and sale of the various poisons.

Outworkers

4 lists containing the names of 2 outworkers were received, and inspection of the premises of such outworkers were made.

Common Lodging House

There is one Common Lodging House on the register with accommodation for 101 lodgers.

This lodging house has been well-maintained throughout the year.

Factories Acts, 1937 and 1948

There are 346 factories on the register, of which 309 have mechanical power and 37 without power. In addition 35 sites of building or engineering construction were entered in the register.

167 inspections were made, and 13 defects remedied. 5 notices of defects were received from H.M. Inspector of Factories, all of which were remedied by informal action.

Shops Act, 1950

The Public Health Inspectors are responsible for the enforcement of Section 38 which relates to ventilation and temperature of shops, and to sanitary conveniences.

An amicable liaison exists between this department and that of the Shops Acts Inspector whereby the latter notifies me of any apparent contraventions of the section which come to his notice during the course of his inspections.

APPENDIX "A"

RECENT TRENDS IN INFANT MORTALITY IN DARLINGTON

As Medical Officer of Health it is my business to investigate all adverse factors that may operate against human welfare in the area to which I am accredited. It has therefore been with some concern that I have observed during recent years an adverse trend in our local figures for infant mortality. The infant mortality rate is the number of deaths in the year of infants under twelve months old per 1,000 live births, and the neonatal mortality rate is the number of deaths per 1,000 live births within the first four weeks of life. The stillbirth rate to which reference is also made in the notes below is the number of babies born dead after the twenty-eighth week of pregnancy per 1,000 total births. The infant mortality rate is regarded by workers in public health as one of the most sensitive gauges of social wellbeing and where the British Isles are concerned, as indeed throughout Europe generally, recent decades have shown a marked improvement.

Table I in this Appendix indicates this trend for England and Wales since 1947 and it also shows the infant mortality, neonatal death and stillbirth rates for Darlington. You will see from this that, whereas the rate for England and Wales has fallen steadily and by nearly a third, that for Darlington is very little better now than it was ten years ago. The neonatal mortality and stillbirth rates have also remained much the same and it would seem that the delayed improvement is largely due to a neonatal factor.

TABLE I

Trends in Infant Mortality since 1948

Rates per 1,000 births				1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
England and Wales.														
Infant Mortality ...	...	...	...	34	32	30	30	28	27	26	25	24	23	23
Darlington.														
Infant Mortality ...	...	...	...	32	44	34	28	26	30	29	27	34	33	28
Neonatal Death Rate ...	...	...	...	14	24	19	15	14	22	19	17	26	22	18
Stillbirth Rate ...	...	...	...	22	25	22	28	34	24	24	19	26	30	28

If you compare with these figures, as shown in Table II, the infant deaths from infectious diseases, not here calculated as rates but as total deaths, you will see a much more satisfactory picture and except for a bad year, 1957, the trend of infections has been steadily downwards, i.e., as reflected in the same situation throughout the country generally.

TABLE II

Infant Deaths from Infectious Diseases

Figures for Darlington only	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Total Infant Deaths	49	61	46	37	32	50	36	35	40	41	37
Deaths from Pneumonia	10	13	10	10	12	7	6	6	6	8	2
Deaths from Gastro-enteritis ...	4	8	1	2	1	—	—	1	—	2	—
Deaths from Other Defined Diseases	7	2	3	2	1	4	1	1	1	3	1
Deaths from All Infections	21	23	14	14	14	11	7	8	7	13	3
Percentage of total infant deaths ...	43	38	30	38	44	22	19	23	17	32	8

If we look more carefully at the causes of neonatal death we shall find that these are overwhelmingly distributed among causes several of which, prematurity, congenital malformations and various failures of vitality, are related together. Table III shows this distribution during the past nine years, during which time I have kept a detailed analysis. Prematurity, congenital malformations, etc., are likely to be the end results of injury of one kind or another during pregnancy. Such injury may, of course, be a physical accident or an illness (e.g., German Measles), or some social circumstance such as too long a continuance of work during pregnancy. This analysis, therefore, gives a clue towards future research.

TABLE III

Summary of Causes of Neonatal Deaths

	1950	1951	1952	1953	1954	1955	1956	1957	1958	Total
Injury or accident at birth; presumptive or confirmed	7	3	3	3	2	2	3	7	2	32
Prematurity	15	6	5	15	9	13	15	7	11	96
Congenital Malformation	—	4	2	6	5	2	7	6	6	38
Atelectasis or other failure of vitality	2	2	1	7	2	—	1	3	3	15
Neonatal deaths from other causes ...	1	3	6	3	4	2	2	3	2	26
Total	25	18	17	28	22	19	28	26	24	207

Deaths due to suffocation, all ages (1950-1958)—23.

Deaths where congenital defect was mentioned on certificate, not as a cause (1950-1958)—10.

A question that might occur is whether similar circumstances are to be found in the North-east generally and some neighbouring authorities are well below the figures for England and Wales. Unfortunately, with one exception, Darlington is worse than they, though as a town we have been inclined to think of ourselves as superior in amenities and economic background. Table IV gives some of these comparisons and the City of Coventry has been included because the Annual Report arrived at the time I was thinking about the matter and I thought it might be worth comparing an admittedly overcrowded and cosmopolitan city in another part of the country. You may well be surprised at the astonishing figures achieved at York, a city which would seem from many points of view quite comparable with our own County Borough. You will see, therefore, that geographical location alone and the general socio-economic conditions prevailing over the North-east are not sufficient to account for the phenomenon I am describing.

TABLE IV
Experience in Other Towns

	1957		1958	
	Infant Mortality Rate	Neonatal Mortality Rate	Infant Mortality Rate	Neonatal Mortality Rate
Darlington	32.6	21.7	28.3	18.6
Sunderland	24.8	17.5	25.37	17.09
South Shields	23.2	14.7	23.73	19.37
Gateshead	27.6	18.4	30.2	23.1
West Hartlepool	43.9	28.8	25.47	16.15
Stockton	29.8	16.2	21.75	14.9
York	14.2	9.7	18.3	12.5
Coventry	28.6	19.7	30.2	19.7

An easy criticism of figures like this is that they do not reflect a large enough experience to be significant and I readily agree that from the findings of one year only it would be quite inappropriate to draw conclusions, either from a bad year like 1949 or a good one like 1952. When the same trend is shown, however, over a number of years, as in the statistics before you, some significance must I think be attached to them. Some years ago an authority of similar size, the County Borough of Rotherham, was faced with a somewhat similar problem of abnormally high infant mortality and to meet it a special branch of the district nursing service was established to pay highly skilled attention to babies who were ill at home. In Darlington this need does not arise with anything like the same urgency, and, as you will see in the analysis shown in Table V, the number of deaths in hospital, both neonatal and over four weeks, are much greater than those at home. This is not to say that a certain number of deaths are not very clearly avoidable and among the 336 infant deaths from 1950 to 1958 inclusive no less than

23 were due to suffocation after breathing had been fully established. This is an entirely different picture from what is called atelectasis, which implies a failure of the lungs to expand properly at birth. Every death from suffocation so defined implies a factor of carelessness somewhere.

TABLE V

Summary of Places of 336 Infant Deaths 1950-1958 (inc.)

Neonatal Deaths (207)

At Greenbank Maternity Hospital	...	...	164
At Darlington Memorial Hospital (including Hundens Unit)	...	...	15
At Home	...	...	22
In Nursing Homes	...	...	4
Casual Deaths (e.g. in Lavatory)	...	...	2
Neonatal percentage of total infant deaths			61.6

Deaths over four weeks, under 1 year (129)

At Greenbank Maternity Hospital	...	...	3
At Darlington Memorial Hospital (including Hundens Unit)	...	...	63
At Home	...	...	63

A large number of neonatal deaths in Greenbank Maternity Hospital is to be explained by the high proportion of Darlington mothers who are confined there. There is no reason to suppose that it is in any way due to adverse factors in the hospital itself. Obviously, a relatively high proportion of complicated cases will be included among the patients delivered there and these will account to some extent for deaths due to injuries at birth. Prematurity, congenital malformation and other failures of vitality are due to causes operating from before the patient's admission to hospital and the chance of the child's recovery is very much greater when hospital amenities are available forthwith.

I am sure that the answer to the problem will be found in ante-natal circumstances, but at the time of writing it is by no means clear what they are. The matter is, however, very much in the forefront of my mind and I hope to be able to report progress towards the discovery and elimination of what is amiss during the course of 1959.

APPENDIX " B "

ENCEPHALITIS

Readers may remember that in my Annual Report for 1957 I gave an account of the epidemic of so-called Asian influenza which occurred in the town during the early autumn. Among the 15 patients there described were 5 who suffered from symptoms referable to the central nervous system, meningitis being suspected in 4 and poliomyelitis in 1 of them. This outbreak had come to an end before 31st December, 1957, and there was no recurrence during 1958. During this year, however, several patients were admitted to my care at Hundens Unit with an acute illness affecting the central nervous system that was definable neither as meningitis nor poliomyelitis, nor influenza, but could best be described as an infective encephalitis. This condition is, of course, notifiable and week by week a certain number are recorded for England and Wales in the Registrar General's returns. It is rather a vague designation. Older readers will remember the outbreak of encephalitis lethargica, or sleepy sickness, that occurred after the 1914/18 war, with its tragic aftermath of paralysed and sometimes morally perverted victims. Fortunately, few if any cases of this disorder have been seen since the 'twenties, but American epidemiologists have described other less severe outbreaks, to which they have given the names of places of origin such as St. Louis. Cases belonging to no definable group have been described in the Darlington area and I treated one such patient at Hundens in 1952. In 1957, 5 patients who could only be diagnosed as acute encephalitis were admitted, of whom 4 made a complete recovery and 1 died. Two other patients, both of whom recovered, were possibly suffering from the same condition.

The total number of notified cases of infective encephalitis recorded by the Registrar General for the year was 200 (corrected figure). The population of the area served by Hundens Unit for the treatment of infectious diseases is about 150,000, which may be taken as equivalent to roughly one three-hundredth part of the population of England and Wales. It would seem, therefore, that this area has more than an average share, since if distribution were according to the figures for the country at large, we should have averaged less than 1 case.

Of the 5 defined patients, 4 were males and 1 female, 3 were adults aged between 25 and 30, and 2 were children of about 5 years. Three, a young woman and 2 children, lived in Darlington, 1 at Catterick Camp and the other at Newton Aycliffe. There was no common factor between any of the patients, either with regard to place of residence, occupation of self or family, contact or relationship. The first patient was admitted in April, the second in May, the third in October, the fourth in November and the fifth in December.

Clinical Findings

The onset of illness was in all cases insidious, with headache and a general feeling of being out of sorts. One patient, the first, W.B.W., who was an ex-serviceman enjoying his demobilisation leave when he fell ill, gave a history of rigors which raised a suspicion of cerebral malaria. The other

showed insufficient symptoms and signs to establish a definite diagnosis, but in one influenza was queried, in another poliomyelitis and in 2 meningitis. On admission they were all feverish and the temperature was in 3 cases over 102° F., but no patient was febrile for longer than four days, not even W.B.M., who died eight days after admission. Three patients were stuporose on admission and another became so within twenty-four hours. Signs of meningeal irritation, as shown by neck rigidity and Kernig's sign, were present in 2 patients, in 1 case lingering for four or five days after temperature was normal. Two patients had difficulty in emptying the bladder, retention requiring catheterisation in 1, the fatal case of W.B.M.

To finish the details of this young man, having lapsed into stupor on the second day of admission he regained consciousness four days later, but in twenty-four hours had become again semi-conscious, thence comatose, and died on the ninth day. There was some difficulty in maintaining an airway because of tenacious mucous at the back of his throat, but there was no pharyngeal paralysis and although he required intravenous glucose saline on account of the inability to swallow, this was due to his clouded mental state and not to paralysis. His reflexes were at first normal, but later the tendon reflexes became exaggerated, his abdominals were lost and the plantars were at the end anomalous. His optic discs showed a blurring of outline without definable papilloedema.

The second patient, R.R., who resided at Newton Aycliffe, was admitted in May with a presumptive diagnosis of influenza, but showed evidence of disorder of the nervous system. He complained of double vision though objective loss of eye movements was not demonstrated. Nystagmus was noted, developing after admission. His optic discs seemed slightly paler than normal and areas of hyperaesthesia were demonstrated on his trunk and lower limbs. His tendon reflexes were brisk, his abdominals absent and his plantars anomalous. He experienced difficulty at first in emptying his bladder. All symptoms cleared up however and he was discharged on the fifteenth day to complete his convalescence at home. This man had actually been ill for a fortnight before admission, but he had recently taken up a new appointment and had tried to avoid reporting sick.

The next 3 cases, T.D., M.B., and J.H., the 2 former boys of 4 and 5, and the last a young married woman of 26, were admitted respectively in October, November and December, and seemed to have sufficiently similar features to represent examples of the same disease. They were all Darlington residents, T.D. and J.H. having been ill for two days before admission, M.B. for a fortnight with more definite symptoms during the days immediately before admission. T.D. and M.B. were both admitted with a presumptive diagnosis of meningitis and in the former patient clinical signs after admission supported it, except that the cerebro-spinal fluid was not under pressure. He was, however, unresponsive to sulphonamides and intrathecal penicillin, and the stupor from which he was suffering on admission became deeper. His temperature was high, over 102° F., but even this settled on the fifth day of admission. On the fifth and sixth days he was a cause of considerable anxiety on account of difficulty in rousing him sufficiently to take fluids and vomiting after everything except glucose saline. Intravenous fluid was, however, avoided and considerable improvement took place the next day,

the seventh of admission. At this time, however, paralysis of ocular movements in all directions was observed, a phenomenon certainly not present at first, and limitation of movement continued to be observed up to discharge on the seventeenth day, and indeed some ophthalmoplegia was still present when he was seen a month later at the follow-up clinic. Otherwise he was in perfect health and his rather wilful, aggressive manner was due, I thought, to his being an only child and perhaps just a little bit spoiled.

M.B. was relatively less ill than T.D. His temperature was never as high as 102° F. and it abated quickly, within three days. He was stuporose on admission, but there was no difficulty in rousing him to take fluids. He had a good deal of neck rigidity and this symptom, with a disinclination to sit up, lasted after he had ceased to be febrile. He too showed objective ophthalmoplegia, but no complaint of diplopia (to which T.D. had admitted in certain positions though he made no spontaneous complaint of it). During convalescence, unlike T.D. and J.H., there was some nystagmus.

The diagnosis of possible encephalitis was mentioned by her own doctor when admission for J.H. was requested. Her temperature was over 102° F. and did not abate until the fifth day. She was stuporose on admission, but not so deeply as to impede the taking of fluids and she would reply to questions when pressed to do so, though she was confused and when her mental faculties returned to normal she had no memory of the early days of her illness. She complained of nausea, but there was no vomiting and she stated during her convalescence that she had experienced difficulty in turning her eyes to the side when she regained full consciousness, but no objective ophthalmoplegia was observed. Her comment, however, was spontaneous. She also complained of headache after her temperature was normal, but showed no stiffness of the neck. When discharged home she had no remaining symptoms or physical signs; her speech was rather slow, but this appeared to be normal.

In the case of both T.D. and J.H. there was some blurring of the margin of the optic disc on admission. This was hardly more than normal limits, but it was interesting to note that it had disappeared on discharge. The tendon reflexes were normal in these 3 patients, the abdominals present in M.B. and J.H., but absent in T.D., the plantars all flexor and no sensory changes were found.

Samples of cerebro-spinal fluid were obtained in all 5 patients and they showed no common characteristics. Increased pressure was found only in R.R. Cells were increased, M.B. showing most, with 240 per cu. mm. and W.B.M. least with 22. The cells in M.B.'s fluid were mostly polymorphs and in W.B.M.'s, R.R.'s and J.H.'s they were mostly lymphocytes and in T.D.'s 50% of each. J.H. showed the highest protein, 90 mg. %, but the others ranged from 40 to 50 mg. %. Sugar was normal or slightly below, but in no case significantly.

Specimens of blood were taken and submitted to the Virus Research Department at the General Hospital at Newcastle upon Tyne, but rather to my surprise no significant findings whatever were forthcoming. Tests were

made for antibodies of lymphocytic choriomeningitis, polio virus I, II and III, adenovirus and mumps, and in the case of W.B.M. against influenza A, B and C, Q. fever and psittacosis, but no rise of titre outside normal was found nor rising trend when two specimens were submitted. In the case of J.H. a culture in He La cells was put up and also in monkey kidney cells, but without any growth.

Two other patients as mentioned above seemed to belong to the fringe of this series. One, D.A., a boy aged 5 years, was clinically a case of non-paralytic poliomyelitis, but showed no antibodies in either of two specimens of blood serum taken at a ten days' interval. P.S. was a young woman of 25, a nurse, who complained of intense headache and received a lumbar puncture showing a high cell count of 1,550 per cu. ml., 10% polymorphs, 90% lymphocytes and monocytes. Protein was somewhat increased to 140% and sugar diminished to 54%. Her symptoms cleared up very rapidly without any treatment, but interestingly enough she had a second attack three months later, with headache and pyrexia, without, however, sufficient of physical signs to justify another lumbar puncture.

Discussion

There is very little that can be said about these cases except to record their features. It is always necessary in medicine to be prepared for new things and, as the raised incidence of poliomyelitis during the last twelve years shows so plainly, the present pattern of infectious diseases tends to be of virus origin and to affect the nervous system. The 5, possibly 7, cases here recorded have certain common features and also deviations, even between the last 3, T.D., M.B. and J.H., which seemed most obviously inter-related. Whether any grave significance is to be discerned in this unusual group, time alone will show, but I have brought the matter to the notice of the epidemiological department of the Ministry of Health for their observation.



County Borough of Darlington

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

JOSEPH V. WALKER, M.D., M.R.C.P., D.P.H.

for the

Year Ending 31st December, 1958

ANNUAL REPORT, 1958.

School Clinic,
Feethams,
Darlington.

*To the Chairman and Members
of the Education Committee.*

Ladies and Gentlemen,

I have the honour to present the School Health Report for the year 1958.

It is pleasant to note in the returns from routine medical inspections the high average standard of health among the school children of Darlington. As you know the older grading by nutritional state has been abandoned and all are now assessed over a wider range of physical factors as 'Satisfactory' or 'Unsatisfactory.' Clearly there are many variations under the former heading and some will be included who nevertheless possess certain assessable defects such as carious teeth, errors of refraction or incipient postural faults. Nevertheless an overall good impression must have been made by each child so graded on the examiner. It will be seen that 99.4% were Satisfactory.

Though health in childhood is not a function of height and weight, there is no doubt that nutritional state has a very large bearing upon it and when compiling my report for 1957 I asked if some statistics could be obtained in 1958 that would compare average heights and weights in that year with comparable figures ten years earlier. As a result of quite considerable mathematical activity on the part of the clerical staff a table showing the comparison has been included in the report and will be found on page 8 I have commented on the figures in their context briefly to the effect that though no significant changes are to be observed between the two sets there is no reason to suppose that a failure to show increase in average height and weight is an adverse observation.

Animal experiments show that if maturity is hastened too rapidly length of life is curtailed and while longevity is not in itself a benefit, it would certainly be a retrograde step to encourage a precocious puberty at the expense of length of days. There is of course another and even more weighty psychological reason against a too early physical development because it means a greater than ever interval between the attainment of adult emotion and adult wisdom. The educational needs of a complex industrial society such as our own require for almost all but the simplest callings a long period of preparation, and the less the period of pupilage in life is embarrassed by emotional complexities the better for all concerned.

The tendency at present for young people to marry earlier, even in their later teens, is a reflection of the problem I have indicated but whether such marriages are averagely more stable and successful than those incurred a few years later is a dubious proposition. I would not like to give the impression that I am opposed to earlier marriage on principle. In a simple agricultural society where everyone is employed on the land it can be quite satisfactory presuming the resources of the country are adequate, but in an

urban society the picture is very different and it is worth remembering that until the nineteenth century early marriage was prevented in towns, at least among the more responsible members of the community, by the conditions of the apprenticeship system.

The Ministry of Education has asked for up-to-date information regarding the location of School Clinics and this is supplied in the report in the appropriate place. It might not, however, be out of place to make a suggestion with regard to further development. When the new municipal offices are in being facilities for a central school clinic will be available there but certain satellite clinics in the more remote parts of the town would certainly be useful. A project to which a reference is made from time to time in the Health Committee would have a bearing on this problem, which is the establishment of a health centre on the periphery, probably in the first instance at Cockerton. This would be a health centre in the so-called old style, not in the first place providing facilities for private practitioners, though room on the site would be available for extension to that end in due course. Failing this there might be some value in supplying sufficient room and equipment in new schools for minor ailment clinics to be held on their premises. If such accommodation could also be shared by the health department for infant welfare work in the district served by the school, so much the better.

I have to comment with regret on the retirement under superannuation of Mr. J. L. Liddell, Principal School Dental Officer, who has held his appointment, interrupted only by military service, for thirty-three years. Mr. Liddell has given excellent service, often under adverse conditions due to an insufficiency of assistant dental staff and in later years to his own health. Mr. J. McAra, previously School Dental Officer, was promoted to take Mr. Liddell's place as Principal School Dental Officer and Mr. P. Waterfall was appointed as School Dental Officer.

During the year also Miss E. Jackson and Miss B. Lambert were appointed to the combined posts of Health Visitor and School Nurse while Mrs. D. Young, School Nurse, resigned on 31st October to obtain another post and Mrs. N. Harrison was appointed in a similar capacity with effect from 1st December.

In conclusion, I should like to thank Dr. A. McGarrity and the other members of the staff for their good work and enthusiastic co-operation throughout the year and the Members of the Committee for their interest in the work of the School Health Department. It is to be hoped that they will not forget that in spite of considerable attention paid by the Architect's Department to the roof of the School Clinic Buildings, this remains in a completely superannuated condition, much less able to continue useful work than many human persons who at sixty or sixty-five years of age are compelled to retire.

I have the honour to remain, Ladies and Gentlemen,

Your Obedient Servant,

JOSEPH V. WALKER.

MEMBERS OF THE EDUCATION COMMITTEE

Coun. Mrs. M. Lyonette, J.P. (The Mayor).

Ald. H. P. Bell, M.B.E., J.P. (Chairman).

Coun. J. L. Shaw (Vice-Chairman).

Ald. A. J. Best, J.P.

Ald. H. Buckborough.

Ald. N. R. Barker.

Coun. R. H. Loraine, J.P.

Coun. J. W. Stokoe.

Coun. The Rev. M. A. Beaton.

Coun. A. Brown.

Coun. H. Hannah.

Coun. F. Thompson.

Coun. J. W. Skinner.

Coun. O. O'Brien.

Coun. J. E. Angus, J.P.

Coun. J. R. Farrage.

Coun. T. Donnelly.

Miss O. M. Stanton, M.A.

SCHOOL MEDICAL AND DENTAL SERVICE STAFF

Principal School Medical Officer

Joseph V. Walker, M.D., M.R.C.P., D.P.H.

School Medical Officers

Annabella McGarrity, M.B., Ch.B., D.P.H., D.O.M.S.

J. F. Bishop, M.B., Ch.B., C.P.H.

Principal School Dental Officer

J. L. Liddell, L.D.S. (Retired 30.6.58).

J. McAra, L.D.S., R.C.S. (from 1.7.58).

School Dental Officer

P. Waterfall, L.D.S., R.C.S. (from 15.12.58).

Anaesthetist

A. P. Wright, M.B., Ch.B., F.F.A.R.C.S., D.A. (Eng.) (part-time).

Educational Psychologist

L. F. Mills, B.Sc., B.Ed., Ph.D.

Psychiatrist

L. W. Robinson, M.B., Ch.B., D.P.M. (part-time).

Social Worker

Mrs. C. M. Ruddock.

Teacher of the Deaf

Miss T. Sproates (from 7.7.58).

Physiotherapist

Mrs. A. L. Hopper (part-time) (from 1.9.58).

Superintendent Health Visitor/School Nurse

Miss E. Winch, 1a, 2, 3, 4.

Health Visitors/School Nurses

Mrs. E. Allan, 1a, 2, 3.

Miss D. Smith, 1a, 2, 3.

Mrs. D. Barry, 1a, 1c, 2, 3.

Miss B. Lambert, 1a, 2 (part 1), 3

(from 1.1.58).

Miss E. Jackson, 1a, 2, 3 (from 13.1.58).

School Nurses

Miss D. M. Goodinson, 1a, 2. Mrs. D. Young 1a, 1c
Mrs. N. Harrison, 1a, 2 (from 1.12.58). (Resigned 31.10.58).

Clerks

Miss A. C. Smith (Senior Clerk). Miss M. Stobart.
Mrs. P. Prest. Miss M. Allen.
Miss M. Langhorne.

1. State Registered Nurse : (a) General, (b) Fever, (c) Sick Children.
2. State Certified Midwife.
3. Health Visitor's Certificate of the Royal Society for the Promotion of Health.
4. Nursing Administration Certificate of the Royal College of Nursing.

GENERAL INFORMATION

School Population 13,702

School Meals and Milk

992,496 meals were distributed to school children, of these 70,181 were provided free. The average number of meals distributed per day was 5,063.

2,317,690 bottles of milk were supplied.

Immunisation

During the year 211 children completed a full course of immunisation against diphtheria and 537 were given re-inforcing injections. During the same period 436 children were given B.C.G. vaccination as a consequence of testing the thirteen-year-old children in the schools and 2,112 children of school age were vaccinated against poliomyelitis.

Work of School Nurses

Though visits paid by the School Nurses in connection with cleanliness inspections (during 1958, 655 such surprise visits were paid) seem to account for a good deal of their time, their actual presence in and out of the schools plays a great if undefinable part in the maintenance of the health of the school population. The good School Nurse should be the friend and confidant of the Head Teachers of the schools accredited to her and will be asked to advise on a number of problems, individual and communal.

The integration of the school nursing and health visiting services is proceeding satisfactorily under the joint Superintendent's post of Miss E. Winch and with five School Nurses who are also Health Visitors. The advantages of this development in maintaining continuity between school and infant welfare are obvious. At the same time, those of your staff who are only School Nurses continue to give excellent service.

At the end of the year 418 children remained infested with nits representing a hard core whose elimination has so far proved impracticable.

1,345 home visits were paid in respect of follow-up from medical inspection, cleanliness and infectious diseases. Co-operation between nurses and parents is well maintained.

2,540 children were also examined in school for special conditions.

8,576 examinations were carried out in Nursery Schools and Classes. Treatments were done when necessary and heights and weights of children regularly taken.

MINOR AILMENTS CLINIC

The Minor Ailments Clinic is held on Monday, Wednesday and Friday afternoons at 3.30 p.m., at the School Health Department, Feethams.

The number of attendances for treatment and advice during the year was 4,771.

It will be noted that the Minor Ailments Clinic meets at only one address so that children from schools on the increasingly extensive outskirts of the town must needs come into the centre when they attend. In addition to being housed in second-rate premises the situation of the Clinic is on a busy thoroughfare with a great deal of omnibus traffic. This matter has received further reference in the introductory letter.

Incidence of Ringworm

In 1958 there were 3 cases of ringworm (body) treated as compared with 5 cases (1 scalp, 4 body) in 1957. The treatment was carried out by means of the Wood Lamp, the purchase of which was referred to in the report for 1957.

Infectious Diseases and Deaths amongst School Children

	<i>Cases</i>	<i>Deaths</i>
Measles	55	—
Scarlet Fever	20	—
Whooping Cough	3	—
Food Poisoning	3	—
Dysentery	9	—
Non-Paralytic Poliomyelitis	1	—
Paralytic Poliomyelitis	2	—
Infective Encephalitis	1	—

There is no special comment to be made on the above figures. As will be seen no infectious disease was of high incidence.

It is regrettable that there should have been two cases of paralytic poliomyelitis, one of whom was left with moderately severe and the other with severe residual crippling.

The patient with infective encephalitis was one of several, the others being not of school age, upon whom a more extensive comment will be found in the Annual Report of the Medical Officer of Health for 1958.

The patients with dysentery were all suffering from Sonne Infection,

The following Deaths amongst School Children were from Causes other than Infectious Diseases

Acute Ileitis	1
Haemorrhage due to Tonsillectomy ...	1

SCHOOL MEALS SERVICE

Since it is always interesting to read about food a specimen menu of meals provided for children in school is included as below :

Specimen Menu

Monday	Meat and Bacon Pie, Potatoes, Carrots. Rice Pudding and Orange Sauce.
Tuesday	Roast Beef, Yorkshire Pudding, Cabbage, Roast Potatoes. Swiss Currant Tart and Custard.
Wednesday	Braised Steak and Onions, Carrot and Turnip. Iced Coconut Sponge and Sauce.
Thursday	Boiled Bacon, Salad, Roast Potatoes. Steamed Sultana Sponge and Sauce.
Friday	Fried Fish, Peas, Potatoes, Tomato Sauce. Apple Tart and Custard.

A Point of Interest

The following figures have been compiled to compare and contrast the average heights and weights of entrants, intermediates and leavers in 1958 and 1948. It has unfortunately been impossible to derive comparable statistics for 1938.

Without prejudice to the excellent physical condition of the present generation of school children it is perhaps somewhat unexpected to find that no significant increase can be shown as compared with ten years ago and this is particularly interesting where the leavers are concerned, who appear to have been on average heavier in 1948 whether they were boys or girls and taller if they were girls. All these leavers would have been at school through the years of the 1939-45 war.

It is to be remembered in this connection however that there is no necessary advantage in size and once an optimal standard has been reached, actual deterioration is found when this is exceeded. This is very obvious from infant welfare work.

No one can say what are the optimal standards for children at school age who possess the racial characteristics and experience the climatic conditions of this island, but in recent days of full employment and fairly equitable distribution of resources there is reason to believe that it may have been reached. A reference is made to this subject and to a controversial corollary in the introductory letter.

**Table of Average Heights and Weights
in the Routine Age Groups**

1958

<i>Age Group</i>	<i>Average Height</i>		<i>Average Weight</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Entrants	43.59 ins.	43.33 ins.	44.24 lbs.	41.97 lbs.
Intermediates	54.75 ins.	54.68 ins.	74.42 lbs.	75.18 lbs.
Leavers	63.93 ins.	61.85 ins.	106.39 lbs.	110.75 lbs.

1948

<i>Age Group</i>	<i>Average Height</i>		<i>Average Weight</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Entrants	45.05 ins.	44.6 ins.	44.39 lbs.	42.49 lbs.
Intermediates	55.36 ins.	54.21 ins.	74.66 lbs.	70.04 lbs.
Leavers	62.06 ins.	62.9 ins.	109.11 lbs.	111.43 lbs.

SPECIAL SCHOOLS

Open Air School Nurse's Report

At the end of December, 1958, 98 children were in attendance at the Open Air School, suffering from much the same range of conditions as in the previous year. The physically handicapped numbered 18 and 80 were classified as delicate. The detailed diagnoses were as follows :—

Convalescence following Tuberculous Abdominal Glands	...	...	1
Convalescence following Pulmonary Tuberculosis	...	...	3
Convalescence following Pneumonia	...	...	3
Convalescence following Tuberculous Meningitis	...	...	1
Convalescence following Primary Focus Left Lung	...	...	1
Healed Tuberculous Hip	...	...	1
Healed Tuberculous Spine	...	...	1
Healed Osteitis Left Knee	...	...	1
Bronchiectasis	...	...	2
Bronchitis	...	...	9
Asthma	...	...	14
Observation Chest	...	...	3
General Debility with low grade Pyrexia	...	...	1
Infantile Eczema and Debility	...	...	2
Chorea	...	...	2
General Debility	...	...	22
Heart Diseases	...	...	5
Cervical Adenitis	...	...	1
Nervous Debility	...	...	7
Congenital Paralysis Right Foot	...	...	1
Muscular Dystrophy	...	...	2
Osteomyelitis Left Tibia	...	...	1
Spastic Paralysis	...	...	5
Old Poliomyelitis	...	...	1
Scoliosis	...	...	1
Anaemia	...	...	5
Spina Bifida	...	...	2

The standard of cleanliness is good excepting for three persistent dirty children who need constant supervision,

Ultra Violet Light. This form of treatment continued, which is very beneficial to the children with chest complaints and has proved highly successful to the treatment of a spina bifida wound. 539 exposures were given in the course of the year.

Vitamins, Etc. Cod Liver Oil and Minadex is given as a routine and Fersolate to some anaemic and adolescent girls.

Shower Baths. These are given each day following Physical Education.

Minor Ailments. Septic wounds, infantile eczema, verruca, abrasions, blepharitis and scabies are some of the conditions treated at the Minor Ailment Clinic which is held every morning. Breathing exercises are given daily to two children and postural drainage to one.

Bed rests have been adjusted to beds for more of the children with chest complaints.

Some children where necessary have had chest X-rays through the Mass Miniature Radiography Unit.

A Physiotherapist was appointed during the year and attended twice weekly for treatment to chest, spastic and postural conditions.

Children are weighed fortnightly and a record of their weight kept.

Barnard School for Educationally Sub-Normal Pupils

At the end of the year, 60 children were in attendance. During the year, 15 were newly-admitted, 1 re-admitted and 2 were transferred from residential schools. Of those leaving, 11 left on attaining 16 years of age, 4 were withdrawn and notified to the Local Authority as ineducable and 2 were transferred to residential schools.

59 routine, 19 special and 3 re-inspections were carried out.

Nursery Schools and Classes

298 routine inspections were carried out in the above schools. 99.7% were classified as Nutrition 'S' (Satisfactory) and 0.3% as 'U' (Unsatisfactory).

33 special and 10 re-inspections were also seen.

Miscellaneous Examinations

164 teachers, clerks and others were examined and certified fit to commence duty, to enter training college, or to return to duty after prolonged illness.

319 children were examined and certified fit to take up part-time employment or to take part in entertainment.

CHILDREN ADMITTED TO HOSPITAL

As in previous years an analysis of school children admitted to hospital is submitted as follows :—

Diseases of the Ear, Nose and Throat

Removal of Tonsils and Adenoids ...	...	...	...	...	144
Otitis Media, etc. ...	...	...	...	...	7
Treatment of sinusitis... ..	...	...	...	...	42
Treatment of other conditions ...	...	...	...	...	9

Diseases of the Eye

Operative correction of squint	...	...	...	...	...	23
Other conditions, including injuries	...	...	...	...	...	8

Acute Surgery

Appendicitis	...	...	...	...	...	61
Osteomyelitis	...	...	...	...	...	3
Other acute conditions	...	...	...	...	...	3

Non-Acute Surgery

Orthopaedic procedures	...	...	...	...	...	9
Fractures	...	...	...	...	...	21
Hernia repairs	...	...	...	...	...	5
Excision of Glands, including tuberculous	...	...	...	...	...	6
Dental operations	...	...	...	...	...	4
Circumcision	...	...	...	...	...	5
Other conditions	...	...	...	...	...	30

Various Medical Conditions

Diabetes Mellitus	...	...	...	...	...	3
Investigation and Observation	...	...	...	...	...	16
Adenitis	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	1
Pleurisy	...	...	...	...	...	1
Other conditions	...	...	...	...	...	23

Specific Infectious Diseases

Scarlet Fever	...	...	...	...	...	2
Pneumonia	...	...	...	...	...	4
Mumps	...	...	...	...	...	1

Injuries

Burns and Scalds	...	...	...	...	...	6
Other	...	...	...	...	...	38

HANDICAPPED CHILDREN

Blind and Partially Sighted. 4 are in Residential Special Schools.

Deaf and Partially Deaf. 6 are in Residential Special Schools and 4 travel daily to Middlesbrough School for the Deaf.

Delicate. 65 are in attendance at the Open Air School, 1 is in a Residential Special School, 1 in a Sanatorium, 3 are excluded from school attendance, 2 of whom are receiving home tuition and 20 are in attendance at ordinary schools.

Physically Handicapped. 3 are in Residential Special Schools, 4 are in Hospital Special Schools, 15 are in attendance at the Open Air School, 4 are excluded from school attendance, 2 of whom are receiving home tuition and 31 are educated in ordinary schools.

Educationally Subnormal. 11 are in Residential Special Schools and 49 are in attendance at the Barnard School.

Epilepsy. 6 are in attendance at ordinary schools.

Maladjusted. 3 are in Residential Homes and 1 is awaiting admission into a residential establishment.

Multiple Defects. 11 are in attendance at the Barnard School, 18 at the Open Air School, one is in a Residential Special School, one is in attendance at an ordinary school awaiting admission to a special school and one is receiving home tuition pending admission to a special school.

OPHTHALMIC CLINIC

The School Ophthalmologist, Dr. A. McGarrity, reports as follows :—

During 1958 the Refraction Clinic proceeded along routine lines. 518 were tested and of these 434 required correction by spectacles. Varying degrees of squint were found in 35 of the cases seen ; of which 5 required occlusion and 1 was referred to the Eye Hospital. In addition one case of congenital cataract was referred to the Ophthalmic Surgeon.

Every effort has been made to find visual defects at as early an age as possible followed up by refraction and observation.

Cases of external eye conditions including conjunctivitis, blepharitis, styes, etc., were also treated.

DENTAL REPORT

The Principal School Dental Officer, Mr. J. McAra, has reported as follows :—

The past year was marked by the retirement of Mr. J. L. Liddell, Principal School Dental Officer, after thirty-three years' service.

I thank the Chairman and Members of the Committee on my appointment as his successor.

The Department has been fortunate in securing the services of Mr. P. Waterfall, as School Dental Officer. Mr. Waterfall who has had considerable experience with children took up his duties on December 15th.

The routine work of the Centre has proceeded in the normal manner during the past year, schools being inspected and treated in rotation.

It is a matter for concern to find an ever-increasing amount of dental decay at School Inspections, especially in the younger age groups. This trend is unfortunately becoming worse each year.

It is satisfactory however to state that the percentage of those inspected who accept treatment remains at a very high level.

I am indebted to Mr. Waterfall, Dr. Wright, Miss Langhorne and Miss Allen for their co-operation.

CHILD GUIDANCE

The Educational Psychologist, Dr. L. F. Mills, reports as follows :—

1. Establishment and Present Staff

Consultant Psychiatrist : Dr. L. W. Robinson, M.B., Ch.B., D.P.M.

Educational Psychologist : Dr. L. F. Mills, B.Sc., B.Ed., Ph.D.

Psychiatric Social Worker : Mrs. C. M. Ruddock, A.M.I.A.

Secretary : Miss E. M. Rutherford.

It is pleasing to have to report that during 1958 there were no changes in the Clinic Staff. Miss E. M. Rutherford, who came to us in 1957, has now settled in, and she makes a most valuable contribution to the team-work essential to the efficient running of the Clinic.

2. Case Work

TABLE I

Year Ending	No. of Cases opened			No. of interviews with Children	No. of interviews with Parents
	Boys	Girls	Total		
31-12-58 ...	97	55	152	1276	1039
31-12-57 ...	80	57	137	1076	901

The number of cases referred to the Clinic showed a significant increase on the previous year's total, and a glance at past annual reports shows that the 1958 total is probably the highest recorded in any one year. The interviews with children and parents also show a substantial increase, and the Clinic Staff feels that in general, 1958 has been a hard working and most satisfactory year.

Waiting List Situation

TABLE II

Year Ending	Awaiting Initial Investigation	Initial Investigation Proceeding	Initial Investigation Completed but Awaiting Treatment	Total
31.12.58	9	8	8	25
31.12.57	4	3	11	18

The appreciable size of the waiting list on 31st December (15 cases compared with 4 in 1957) was due mainly to a number of referrals right at the end of the year, but it is also an indication of the present increased demand for the services of the Clinic.

3. Sources of Referrals during 1958 compared with 1957

TABLE III

	1957	1958
Chief Education Officer	7	10
School Medical Officer	49	51
Headteachers	41	36
Parents	27	37
Family Doctor	2	11
Youth Employment Officer	3	2
Residential Children's Homes	1	—
Consultant Physicians	2	1
Juvenile Bench	4	4
Co-ordinating Committee	1	—
	<hr/> 137 <hr/>	<hr/> 152 <hr/>

In the report presented last year, an attempt was made to give a more accurate picture of the sources of referrals by recording under the appropriate headings the persons making the original requests for clinic treatment rather than the administrative channels through which the requests were made. This policy was followed again in 1958, thus a valid comparison can be made between the figures for the two years. A scrutiny of the two columns of figures in Table III shows that sources have remained fairly constant except those by parents and family doctors where an increase has taken place. This we feel is a desirable trend and we hope it will continue to grow.

4. Causes of Referral

The six headings under which the referrals in 1958 are grouped are those suggested in the "Report of the Committee on Maladjusted Children" (S.O. 1955). A few words of explanation of the headings are given below.

(i) Nervous Disorders

The word nervous is, of course, used in its popular sense to describe a disorder which is primarily emotional and many childish disorders fall into this category. Included are those who are fearful for some reason or other and go on being frightened even when their fears are in no way justified from the standpoint of external reality. Also included are those who are excessively timid, who cannot face strangers, who suffer from nervous sickness, and who dread going to school.

(ii) Habit Disorders

There is no hard and fast division between this category and that above. The name brings out the fact that many children require help because they have failed to develop some habit regarded as normal and appropriate for their age, such as a regular rhythm of sleep or dryness at night, or because they have developed a habit which would be regarded as abnormal or at least undesirable at any time, such as stammering, twitching, sleep-walking or nervous vomiting.

(iii) Behaviour Disorders

In this category were placed those cases in which the children appeared to be in active conflict not only within themselves, but with their environment in general. In such cases the disorders ranged from minor disturbances, such as temper tantrums, jealous behaviour, romancing, to the more serious disorders of persistent truancy, cruelty, delinquency and sexual troubles.

(iv) Organic Disorders

Whereas the disorders described above are in general physical expressions or symptoms of nervous tension, in this category the symptoms are produced either by some physical defect or by physical changes, usually in the brain or spinal cord. The original causes may be illness or injury. In general, few cases of this nature are referred to the Child Guidance Clinic as they are almost always under medical surveillance.

(v) Psychotic Behaviour

This might be simply and comprehensively described as conduct which is so profoundly disturbed that disruption of the normal patterns of development takes place at all levels, intellectual, social and emotional. Such children are often described as living in a world of their own. They fail to achieve normal relationships with other people or things, and are thus often remote, solitary, incontinent, sleepless, unoccupied and ineducable. Fortunately few children fall into this category, and over the last few years only one child seen at Darlington could be said to show some of the symptoms described above.

(vi) Educational and Vocational Difficulties

This category concerns mainly the cases referred for lack of educational progress where the cause appeared to be low intelligence, and where the educational retardation was sufficient to warrant a decision being made with regard to special education. Also placed in this category were the cases referred for general educational and vocational advice.

Causes of Referral in 1958—TABLE IV

Darlington Cases

	Nervous (i)	Habit (ii)	Behaviour (iii)	Organic (iv)	Psychotic (v)	Educational Vocational (vi)	Totals
Boys ...	9	19	25	1	—	41	95
Girls ...	11	7	14	—	—	25	57
Totals	20	26	39	1	—	66	152

In category (vi) Educational and Vocational, 27 of the 66 referrals were for investigation to determine the most appropriate type of schooling. Of the 27 children, it was considered that 6 could remain in the normal school, 15 would benefit by transfer to Barnard Street Special School, and that one needed residential treatment in a special school. The remaining 5 children were reported as being ineducable.

The other point of interest in Table IV is that the number of "Behaviour" referrals was substantially lower than in the previous year (39 as against 50).

5. Action Taken on 1958 Referrals

The action taken is quite simply categorised under two headings as follows :—

(i) Advice

This is generally a report of assessment to the Chief Education Officer, the School Medical Officer, the head teacher, parent or other person seeking information, together with a recommendation as to a course of action considered desirable. The recommendation may for instance be concerned with the type of schooling or even the type of employment considered most appropriate.

(ii) **Treatment**

This category refers mainly to psychiatric treatment though a few children who attend regularly for remedial coaching in reading by the psychologist are included under this heading. Psychiatric treatment is entirely the province of the psychiatrist who interviews at regular intervals all children requiring such treatment. As maladjustment in its various forms almost always concerns the child/parent relationship, the success of the treatment very often depends on having the co-operation and understanding of the parent, and while the child is with the psychiatrist, the social worker, under the psychiatrist's direction, is at work with the parent. The social worker's interviews with parents are normally carried out in the Clinic, but where difficulties are encountered, home visits are also carried out.

TABLE V

	Closed in 1958	Continued to 1959	Totals
Advice	71	9	80
Treatment	15	57	72
Totals	86	66	152

Treatment at the Child Guidance Clinic normally means regular attendance over a period rarely less than 12 months. It is to be expected, therefore, that a high proportion of the 1958 referrals requiring treatment should continue into 1959. Cases requiring advice on the other hand need only two or three visits to the Clinic.

The cases requiring advice remained practically the same as in 1957, but the number of treatment cases increased by nearly one-third.

6. The Treatment Situation in 1958

As has been mentioned in previous reports, the success of treatment depends almost entirely on the willing co-operation of parents. In each of the two years prior to 1958, 11% of treatment cases failed for lack of parental support, but we are pleased to be able to report that in 1958 this figure fell to 8%.

TABLE VI

	Cases Closed		Continuing to 1959	Total
	Improvement sufficient to warrant cessation of treatment	Treatment concluded without satisfactory result		
Brought forward from previous years	24	11	32	67
Opened in 1958 ...	13	2	57	72
Totals	37	13*	89	139

* 1 left district ; 12 non-co-operation parents.

7. Summary of case position in 1958

The statistics below include all referrals whether for advice or treatment.

TABLE VIII

	'53	'54	'55	'56	'57	'58	Totals
Cases opened in the years shown and still open on 1.1.58... ..	1	2	11	15	55	—	84
Cases opened during 1958... ..	—	—	—	—	—	152	152
Totals	1	2	11	15	55	152	236
Cases closed during 1958	—	—	5	10	38	85	138
Cases opened in the years shown and carried forward to 1.1.59 ...	1	2	6	5	17	77	108

8. Work done in the Schools

The Educational Psychologist exercises something of a dual function, partly as a member of the psychiatric team working in the Clinic, and partly as educational adviser working in the schools, his time being divided more or less equally between the two. The visits to schools are to check on the progress and behaviour in schools of numerous children attending the Clinic, to assess intellectual and educational levels of various children at the request of Head Teachers, to give talks to parent-teacher associations, and to attend social functions connected with individual schools.

In 1958, the increase in Clinic cases reduced somewhat the time available for visiting schools, and full mental and educational testing was carried out on school premises and detailed reports provided for head and class teachers only in the cases of 104 children (164 in 1957). In addition, however, the reading attainment of a further 150 children was assessed.

At the beginning of the year the idea was conceived of testing the intelligence and attainment levels annually of the children attending Barnard Street School so that a careful check on progress could be kept. A start was made with the project, but pressure of work, however, prevented its completion. An attempt will be made in 1959 to continue these assessments.

9. Conferences

The Annual Conference of Child Guidance Clinic Staffs on 21st and 22nd March, 1958, and the Annual Conference of the Special Schools Association on 4th, 5th and 6th of September, 1958, were attended by Dr. Mills. The former conference, as always, proved to be stimulating and rewarding.

10. Conclusion

Once again, the Staff of the Child Guidance Clinic wishes to acknowledge the kindness and support of all who have had contact with the Clinic

during 1958. In particular, thanks are due to the Chief Education Officer, the School Medical Officer, Head Teachers, and the various organisations, both statutory and voluntary, caring for children in Darlington, who, by their co-operation, have contributed much to the completion of a successful year's work.

DEAF CHILDREN

Miss T. Sproates, Teacher of the Deaf, reports as follows :—

A scheme in progress by which all school children are being tested by Pure-tone Audiometer using the sweep-frequency method.

The test can be made immediately or soon after children are first admitted to school. It is valuable in screening out those who are likely to need special treatment, whether it be educational, medical or surgical before they become educationally retarded and mental growth as well as general well-being are adversely affected.

Further advantages of this method are :—

- (a) A small ante-room or staff room can be used instead of a whole class room.
- (b) School routine is not disturbed—only three or four children need be absent from the classroom (whilst one is being tested the others watch and learn what is expected from them).
- (c) The test is individual, therefore slower and nervous children are not competing with more able pupils. Procedure can also be interrupted to allow for extraneous noises.

No. of schools visited—22.

No. of children tested—2,409.

No. requiring re-tests—78. These children will attend the Hearing Clinic accompanied by parents for another test and if they should fail again they will be referred to the School Medical Officer for inspection.

PHYSICAL EDUCATION

The Organiser of Physical Education, Mr. A. I. Cameron, reports as follows :—

General

During the year under review the normal cycle of work in schools has been maintained and good work has been evident in all branches of the subject. The Education Committee has continued to supply schools with a wide range of equipment, both for indoor and outdoor use. Initial work has been done towards the modernisation of equipment and facilities in older schools, and the opening of the new schools at Haughton and St. Teresa's, with the facilities which they have to offer, will undoubtedly make a considerable contribution towards the physical education of the town.

The problems of indoor accommodation for many schools still remain, but it is pleasing to report that every Primary and Secondary School now has playing field facilities. Many have fields adjacent to the school, while some are required to travel, and a few make use of the public parks,

The maintenance of equipment continues to be costly, and it is still a source of anxiety that physical education equipment is subject to a 30% Purchase Tax.

Scope of the Work

Fairly comprehensive programmes of physical education are being undertaken in the schools. Activities include gymnastics, swimming, dancing and training in indoor and outdoor games and athletics. Such other outdoor activities as cross country running, hiking, hill climbing and camping are being undertaken by some schools.

Health education is playing a more important part and showers, where available, are becoming an important part of the lesson.

Secondary schools for girls and for boys are endeavouring to co-operate in arranging the interchange of pupils for combined dancing practice. In addition to the dancing practice, a considerable amount of attention is being given to the teaching of the recognised etiquette which is the essential accompaniment of all well conducted dancing.

Swimming

It is pleasing to report that all primary and secondary schools are now participating in swimming instruction. However, as the schools grow in number, and the facilities remain the same, it has become increasingly more difficult to time-table satisfactorily the requirements of the schools. The time has come when the provision of small instructional pools attached to certain schools in certain areas should be considered.

Pupils at Salters Lane Open Air School began swimming for the first time during the summer term. The wonderful results achieved by these handicapped pupils is slightly offset by the fact that so many children are unable to travel to the baths. It would appear that a good case exists for a small pool on the school premises. The benefit which would be derived by certain cases, including the poliomyelitis cases, would be enormous.

An interesting piece of equipment, in the form of a junior trampoline, was introduced to this school during the year, and has proved an extremely popular and well used item.

The schools have once more held individual and inter-school galas. They serve a most useful purpose in creating an incentive for better performances and highlight, incidentally, many capable swimmers.

There were approximately 60,000 attendances at the Baths during the year by school children and over 40 awards were obtained in Life Saving.

Playing Fields, Games and Athletics

Facilities continue to improve. The addition of playing fields at Haughton County Secondary and St. Teresa's R.C. Schools brings the total acreage of school playing fields to nearly 140 acres. While a deficiency still remains the proportion of playing fields available compares very favourably with other Authorities.

The diverse interests and capabilities of the children are being catered for in a wide variety of activities. A greater impetus is being given in the

Primary Schools to activities such as Athletics, especially in the last two years of Primary schooling, in order that the child can carry-over to the Secondary School a modicum of knowledge and ability, making the change-over easier. He is now attempting the Western Roll over a standard A.A.A. recommended bar, where formerly it was a case of 'as best you can' over a cane or rope.

More schools are holding their own sports, and the inter-school sports produced some competent performers for the County and All England Championships, with several successes.

Teachers' Courses

The Education Committee continues to support financially many teachers who elect to spend some of their holiday time attending courses of various kinds. Undoubtedly the work shown in schools by these teachers has benefited immensely as a direct result.

Local courses and lectures on various subjects have been well attended. The year included lectures, courses and film shows on Swimming, Dancing, Primary Gymnastics and Developmental Training for Secondary Schools. Courses to be held during the near future include Athletics, Swimming and Diving, Trampoline work and Football, and a lecture on Physical Education for the Non-Specialist teacher. There is no doubt that teachers attending these courses and lectures receive a tremendous impetus which shows in their work in schools.

Staffing

An acute shortage of qualified teachers of Physical Education still prevails. This is especially felt in the Secondary Schools where the subject receives a lot of attention, and specialist teachers are most needed. This is not only a local situation, but a national one also.

Conclusion

There are many gaps to be filled, but it has been a successful year generally, and most satisfying results are being achieved.

The enthusiasm and amount of work carried out by teachers during school hours and out of school can never be calculated. The willingness to try is as important as successful results, and this has been evident throughout the schools.

APPENDIX TABLES

PART 1. Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).**TABLE A. Periodic Medical Inspections.**

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	256	255	99.6	1	0.4
1953	495	495	100.	—	—
1952	684	682	99.7	2	0.3
1951	69	68	98.6	1	1.4
1950	39	36	92.3	3	7.7
1949	33	31	93.9	2	6.1
1948	517	512	99.	5	1.
1947	751	747	99.5	4	0.5
1946	280	279	99.6	1	0.4
1945	25	19	76.	6	24.
1944	23	23	100.	—	—
1943 and earlier	1,091	1,089	99.8	2	0.2
Total	4,263	4,236	99.4	27	0.6

TABLE B. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1954 and later	—	10	10
1953	—	23	23
1952	2	31	33
1951	2	20	20
1950	2	9	10
1949	5	21	22
1948	28	36	61
1947	49	42	86
1946	21	22	42
1945	2	19	19
1944	2	19	19
1943 and earlier	56	35	85
Total	169	287	430

TABLE C. Other Inspections.

Special Inspections	...	...	...	...	...	1,086
Re-Inspections	...	...	...	...	...	135
Total	...	...	...	...	...	1,221

TABLE D. Infestation with Vermin.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	39,565
(b) Total number of individual pupils found to be infested	770
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944	—
(d) Number of individual pupils in respect of whom cleansing orders were issued Section 54(3), Education Act, 1944	—

PART II. Defects found by Medical Inspection during the Year.**TABLE A. Periodic Inspections.**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		Treat-ment (3)	Observ-ation (4)	Treat-ment (5)	Observ-ation (6)	Treat-ment (7)	Observ-ation (8)	Treat-ment (9)	Observ-ation (10)
4	Skin ...	2	2	2	—	4	5	8	7
5	Eyes—								
	a. Vision ...	2	2	53	—	114	3	169	5
	b. Squint ...	19	5	—	—	5	5	24	10
	c. Other ...	1	—	2	—	3	2	6	2
6	Ears—								
	a. Hearing	—	1	5	—	3	4	8	5
	b. Otitis Media ...	—	—	—	—	1	—	1	—
	c. Other ...	4	1	1	—	6	—	11	1
7	Nose and Throat ...	11	22	—	1	10	16	21	39
8	Speech ...	1	10	2	—	12	10	15	20
9	Lymphatic Glands ...	2	—	—	—	1	1	3	1
10	Heart ...	—	2	3	—	10	5	13	7
11	Lungs ...	3	9	1	3	32	9	36	21
12	Develop-mental—								
	a. Hernia ...	—	—	—	—	—	—	—	—
	b. Other ...	—	—	—	—	1	1	1	1
13	Orthopaedic—								
	a. Posture ...	—	—	—	—	2	5	2	5
	b. Feet ...	—	4	—	2	4	12	4	18
	c. Other ...	6	3	3	—	19	5	28	8
14	Nervous System—								
	a. Epilepsy	1	—	—	1	—	—	1	1
	b. Other ...	2	1	—	—	9	1	11	2
15	Psychological								
	a. Develop-ment ...	1	1	7	—	54	4	62	5
	b. Stability	3	11	—	—	7	6	10	17
16	Abdomen ...	—	—	—	—	3	2	3	2
17	Other... ...	1	2	2	1	39	3	42	6

TABLE B. Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	22	5
5	Eyes a. Vision	13	4
	b. Squint	10	1
	c. Other	13	1
6	Ears a. Hearing	6	3
	b. Otitis Media	—	—
	c. Other	16	—
7	Nose and Throat	17	22
8	Speech	12	13
9	Lymphatic Glands	1	1
10	Heart	13	10
11	Lungs	20	22
12	Developmental :—		
	a. Hernia	—	—
	b. Other	2	4
13	Orthopaedic :—		
	a. Posture	1	3
	b. Feet	3	25
	c. Other	23	9
14	Nervous System :—		
	a. Epilepsy	1	—
	b. Other	1	3
15	Psychological :—		
	a. Development	40	11
	b. Stability	22	13
16	Abdomen	6	—
17	Other... ..	147	11

PART III. Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A. Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	50
Errors of refraction (including squint)	518
Total ...	568
Number of pupils for whom spectacles were prescribed	434

TABLE B. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	144
(c) for other nose and throat conditions	51
Received other forms of treatment	73
Total ...	269
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958	—
(b) in previous years	7

TABLE C. Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	40
(b) Pupils treated at school for postural defects ...	6
Total ...	46

TABLE D. Diseases of the Skin (excluding uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	3
Scabies	11
Impetigo	33
Other skin diseases	34
Total ...	81

TABLE E. Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	236

TABLE F. Speech Therapy.

	Number of cases known to have been treated
Pupils treated by speech therapists	13

TABLE G. Other Treatment given.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	645
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	436
(d) Other than (a), (b), and (c) above (specify)—	
Burns and Scalds	6
Injuries	38
Various Surgical Repairs	143
Total	1,268

PART IV. Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic 2,727

(b) Specials 588

Total (1) ... 3,315

(2) Number found to require treatment 1,635

(3) Number offered treatment 1,635

(4) Number actually treated 1,555

(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	3,641
(6) Half days devoted to :	
(a) Periodic (School) Inspection	27
(b) Treatment	520
	<hr/>
Total (6) ...	547
	<hr/>
(7) Fillings :	
(a) Permanent Teeth	1,370
(b) Temporary Teeth	9
	<hr/>
Total (7) ...	1,379
	<hr/>
(8) Number of Teeth filled :	
(a) Permanent Teeth	1,370
(b) Temporary Teeth	9
	<hr/>
Total (8) ...	1,379
	<hr/>
(9) Extractions :	
(a) Permanent Teeth	595
(b) Temporary Teeth	1,656
	<hr/>
Total (9) ...	2,251
	<hr/>
(10) Administration of general anaesthetics for extraction	901
(11) Orthodontics :	
(a) Cases commenced during the year	57
(b) Cases carried forward from previous year ...	19
(c) Cases completed during the year	45
(d) Cases discontinued during the year	3
(e) Pupils treated with appliances	28
(f) Removable appliances fitted	31
(g) Fixed appliances fitted	—
(h) Total attendances	858
(12) Number of pupils supplied with artificial teeth ...	—
(13) Other operations :	
(a) Permanent Teeth	1,065
(b) Temporary Teeth	—
	<hr/>
Total (13) ...	1,065
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